

told why their Pittsburgh chums can't do without juice to run engines, x-rays, and wotnot. And in countless cases, dentistry that could be cared for without electricity can't be done either: many office buildings have been closed entirely lest someone tumble downstairs. Anyway, not too many patients had Alpine ancestors, not many are willing to climb several stories; and of course, too, many are not able to do that. A thought that is not amusing: how many people who do brave the heights, unaware of heart conditions, may have their lives shortened by this economic controversy?

One small amusing note: a power picket walking with his dog, the mutt's torso wrapped in a picket sign.

This department's rickety pre-war auto has been rolling out of the barn each morning because the interurbans stopped too. You are amused and sometimes educated by various thumbs given a lift. One bewildered soul who had moved here from Akron a few days ago wasn't quite certain just exactly where his new house is. "Do you like Pittsburgh?" he wanted to know. "Not right now," we said.

A young veteran, in not more than three minutes after climbing aboard had briefed the rest of us on his war travels which as I recall had included both the Aleutians and Yalta with plenty of places in between. That had been less laborious, he insisted, than traveling around our modern metropolis in these blessed days of Peace, or its reasonable facsimile.

Another thumbing chum had the solution of labor strife all worked out, but it would take a bigger brain than mine to comprehend just how he proposed to do it; his rapid-fire exposition left me even more confused than ever, so there seems little use trying to tell in these pages about his plan. Maybe he knew what he was talking about, but I couldn't help thinking of Ed Ryan's "Contra Angles" column in the October *Dental Digest*. Ed said:

"Freedom of speech is a great thing. But I think that we have

all overdone it. I catch myself pontificating on subjects that I know nothing about — the atomic bomb and affairs in Iraq are typical examples. I suppose it is all right to hand out opinions on all subjects provided we label these guesses and opinions and do not confuse ourselves to the extent that we think we are making statements of fact. If I preface a profundity by saying, 'I don't know a damn thing about nuclear fission but I will tell you all about the atomic bomb,' I am telling you that I am talking just to hear the flow of hot air over my vocal cords.

"There are only a few things that we can know much about in a lifetime and the more we know about them, the more convinced we are of our ignorance. If you want the answer to anything, ask a sophomore; he knows everything. But if you can't find a sophomore, settle for a radio commentator."

Veterans' Clearinghouse

(See also page 2058.)

BN—Pennsylvania practice wanted by Army veteran, age 28. Northampton, Berks, or Lehigh Counties preferred. Association with intention of purchase also considered.

BO—Albany, N.Y., dentist would like to have young orthodontist associated with him in very good ethical practice, established 17 years. Is establishing own dental group similar to Smedley group, and at present employs one dentist, two nurses, etc. Also interested in good operator.

BP—Veteran wishes to purchase well-established practice in New York State (Staten Island, Long Island, Westchester County preferred). Send all details, length of time established, etc.

BQ—New Jersey-licensed dentist, veteran, would appreciate either a suitable location or the opportunity to buy an established practice.

BR—Wanted by veteran, to purchase dental practice, or to find location in thriving community in New York State.



YOU CAN ALWAYS GET SEATS FOR THE POORER SHOWS

but you don't mind waiting for something good

While we are turning out more **DENSCO** Handpieces then ever before, the demand for accurate precision instruments still exceeds the supply. We will not sacrifice the quality that has made **DENSCO** Handpieces "the standard by which all others are compared," to increase production.

For faster cutting speed, accuracy, comfort of your patients, and general economy of operation, ask for—and wait for, if necessary—**DENSCO** Precision Handpieces.

◆ **DENSCO** Blu-White
Diamond Instruments
are available in all
three types of shank.

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DENSCO, Inc.

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VERNONITE



In the Autumn of 1936 dentists began making experimental dentures with a new plastic resin, later given the name VERNONITE. They found the experiments interesting for two reasons. First, the resin itself exhibited fascinating possibilities as a new material, and second, for the first time in history, a company gave away its entire output instead of selling it so that the profession could evaluate the material for a year or two objectively.

And so VERNONITE, the first acrylic denture material in America, is 10 years old, which for a denture material is a record, for VERNONITE has now been in continuous, successful use longer than any other organic denture material, rubber excepted.

Of course it takes more than an early start to keep a product foremost in the profession's esteem. And we don't mind revealing the secret of VERNONITE'S success. It takes only a few words: high standards strictly adhered to, no compromises with short cuts, substitutes or cheapness.

Laboratories that maintain high standards are glad when you specify VERNONITE for your dentures.

36 37 38 39 40 41 42 43 44 45 46

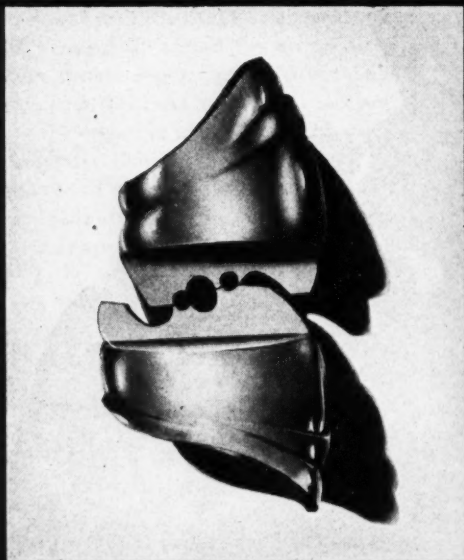
VERNON-BENSHOFF CO., P.O. Box 1587, Pittsburgh 30, Pa.

Ten Years



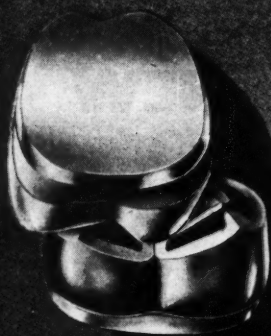
functional design

**protects
and preserves ridges**



**Narrow occlusal contact
minimizes occlusal trauma by
reducing the force required for
efficient mastication.**

Low cusps, with inclinations determined by the functional movements of the mandible, stabilize dentures and avoid interference in lateral movements.



good



flat



sharp

Designed to meet varying ridge conditions, Trubyte New Hue 20° Posteriors give protection from occlusal trauma, denture tilting and lateral interference. Use any technic you prefer, their efficiency is always maintained.

TRUBYTE NEW HUE

20° POSTERIOR

a NEW Modern • Blend



... AND A NEW SYSTEM OF TOOTH SELECTION

This system is based on facts — indisputable facts — not debatable theories. It is certainly a fact that age affects all men and women.

No matter what age your patient may be — regardless of how plain or rugged the markings time has made — you will find teeth that meet your patient's need in this new system.

The *New Modern-Blend* is particularly suited for young patients and for those desiring a “prettier” tooth. Send for literature on the New Myerson System.

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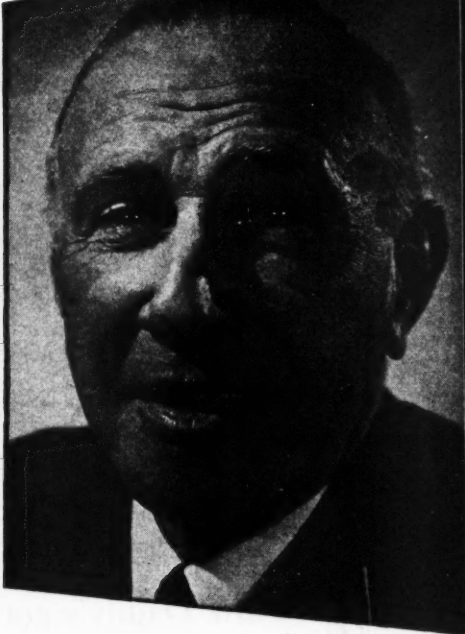
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THE NEW MODERN-BLEND — Faint subtle serrations, no stains.

TRUE-BLEND — Hand-blended markings including erosions and stains.

CHARACTERIZED — Includes simulations of synthetic fillings.

ALL

3

ALL THREE LINES — are in the same moulds — the same famous Myerson True-Blend transparent enamel.



IDEAL TOOTH INCORPORATED
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another ‘birthday party,’ Son...”**



● Somewhere high in the sky the stork is racing. But the doctor will be at its destination first. Ready and waiting. Whether bringing life or guarding it, the doctor’s personal life fades into the background when duty calls. But he isn’t complaining. Or asking for any special credit. It’s his job — and he does it.



**According to a
recent independent
nationwide survey:**

**More Doctors
Smoke Camels
*than any other cigarette***

**R. J. Reynolds
Tobacco Company,
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THE
Supreme
 NON-TOXIC
Anesthetic
 OINTMENT

for

PRURITUS ANI
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and

FOR ALL OTHER MINOR
 SKIN IRRITATIONS IN
 WHICH SEVERE ITCHING,
 BURNING AND PAIN
 ARE THE PREDOMINANT
 COMPLAINTS.

MEDICONE CO.
 NEW YORK, N. Y.

DERMA MEDICONE

exerts a soothing effect on the muco-cutaneous area of the ano-rectal tract—thus breaking the vicious circle of itching-scratching-infection. Within five minutes after application, the suffering patient is fully relieved of distress and discomfort.

MEDICONE COMPANY

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Better Than a Thousand Lectures

The operation is completed and the patient has learned that her fears and apprehension have been unfounded. She has learned that a dental operation with the aid of McKesson nitrous oxide pain control need not involve the pain and discomfort she had learned to expect. Her experience has been more forceful than a thousand lectures in making her a consistently good dental patient.

Fear of pain is the most forceful factor in determining patients' attitudes. We shall be glad to tell you what McKesson pain control is doing for other dentists and can do for you in building patients' confidence and in conserving operating time.

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A TIMELY SUGGESTION

Cash on hand will make your holiday celebration easier and more enjoyable. So, this is the time to liquidate that old gold and other precious metal scrap . . . to turn it into spending money.

Gather it all together now and send it, through your dealer or direct to us for fullest reclamation value.

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GRADED ACTION

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Nowhere else in the world is there a more magnificent example of man's ability to overcome stupendous obstacles and change the physical features of Nature to suit his own purpose.

But on a smaller scale, every day, in thousands of cities dentists are overcoming annoying difficulties by making fillings with Minimax Alloy No. 178—the alloy that minimizes failures due to changes in physical properties. The fillings that you so carefully carve will endure for years if made with Minimax. What's more, they'll be easier to make because Minimax allows wide leeway in manipulation and will still comply with Federal and A.D.A. specifications. . . .

Decide now to try the alloy that is satisfying a constantly increasing number of dentists. Money back if it isn't better!

For best results, mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience, Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

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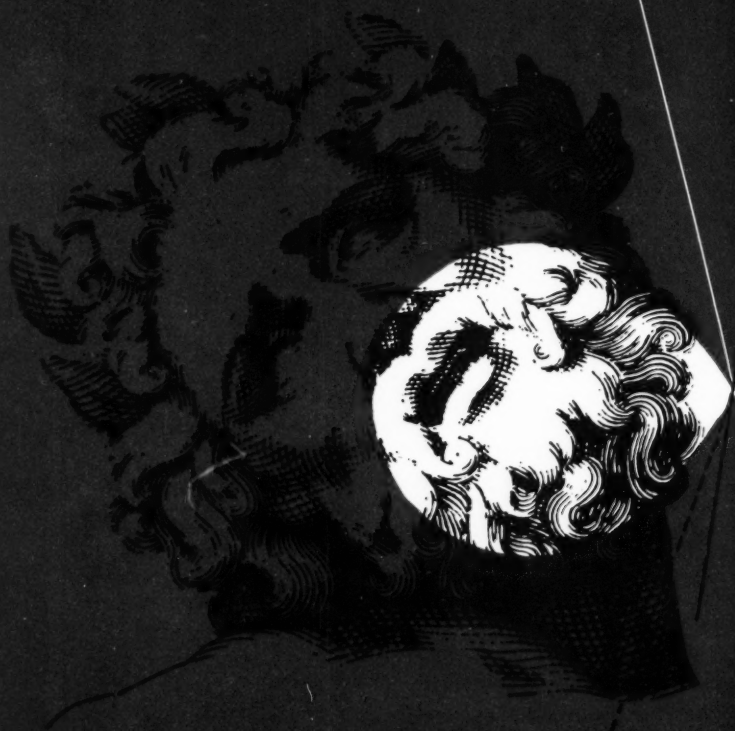
In 5 oz. BOTTLES		In 1 oz. BOTTLES	
5 ozs. . .	\$2.10 per oz.	1 oz. . .	\$2.20
10 ozs. . .	2.00 per oz.	5 ozs. . .	2.15 per oz.
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Complies with A.D.A. Specifications No. 1
Fillings suitable for alloy-mercury gauges.



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Real relief and pain control

Added comfort for your dental patients is made possible by the use of Dillard's Aspergum—a pleasantly effective method of relieving post-operative trismus and local pain.

Prolonged topical analgesia soothes the traumatized tissue through a continuous flow of acetylsalicylic acid-laden saliva which effectively bathes the entire oral area. The gentle muscular action involved also helps prevent local spasticity and stiffness. A relief routine well appreciated by patients.

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Are Assured When You Use

D_p THREE-IN-ONE CREAM

D_p ELASTIC IMPRESSION CREAM

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Dental Perfection impression materials offer you remarkable accuracy and surprising uniformity. If you will use them in accordance with the clear, concise instructions furnished, you will eliminate all guesswork from impression taking and you will *know in advance* what the results will be.


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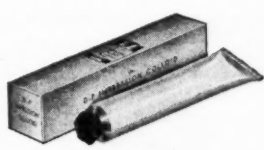
Dentistry's Three Outstanding Impression Materials



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Three servings daily of Ovaltine, each made of $\frac{1}{2}$ oz. of Ovaltine
and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B ₁	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	1.50 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.81 mg.
CALCIUM	1.12 Gm.	VITAMIN C	39.6 mg.
PHOSPHORUS	0.939 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

LIQUIDS

Can Be Taken

Following extensive extractions or other types of oral surgery, when mastication is impossible or may be harmful, a liquid diet is the only means of providing necessary nourishment. If infection is present or if considerable operative trauma has been inflicted, a good state of nutrition must be maintained to encourage rapid recovery and healing.

Ovaltine offers many unique advantages when only liquids can be taken. Made with milk as directed,

Ovaltine provides a wealth of nutrients in readily digested and assimilated form, supplying high quality protein, readily utilized carbohydrate, easily emulsified fat, essential B complex and other vitamins including ascorbic acid, and necessary minerals. The delicious taste of Ovaltine assures its being taken by post-surgical dental patients in adequate amounts—three or more glassfuls daily. It is readily tolerated because of its remarkable ease of digestion.

THE WANDER COMPANY

360 N. Michigan Ave., Chicago 1, Ill.

Ovaltine



WHEN ONLY



Three servings daily of Ovaltine, each made of $\frac{1}{2}$ oz. of Ovaltine
and 8 oz. of whole milk,* provide:

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At Last!

NEW SCRATCHLESS CU-LON BR

MODEL D TOOTH BRUS

Modern miracle
Du Pont laboratory

NEW SCRATCHLESS SYNTHETIC BRISTLE

QUESTION: What is the advantage of synthetic bristle?

ANSWER: A synthetic bristle outwears natural bristle, dries out more quickly, doesn't get soggy, and doesn't break off between the teeth or in the mouth. It holds its shape longer and brushes teeth with greater efficiency.

QUESTION: Does a synthetic bristle have any disadvantages?

ANSWER: Yes. Because it is a solid fibre, in cutting or trimming, small jagged burrs are left that cut and scratch gums and teeth.

QUESTION: Has anything been done to remove this objection?

ANSWER: Yes. Just recently Model D developed a completely

Actual unretouched photomicrograph of Model D bristle before burrs have been removed

Photomicrograph of Model D bristle made by the exclusive new process that leaves bristle smoothly polished

new SCRATCHLESS bristle that is far superior to any other bristle. It is made with an entirely new, exclusive process that removes all burrs and rough spots from every bristle with no loss of texture.

QUESTION: How can you tell that Model D Cu-lon bristles are scratchless?

ANSWER: Just take a look at this new bristle in this photomicrograph. See how smooth the bristle ends are!

QUESTION: Does this mean that Model D SCRATCHLESS bristle will help protect teeth and gums?

ANSWER: Model D with the new Cu-lon SCRATCHLESS bristle is obviously far better for teeth and gums. Recommend Model D with SCRATCHLESS Cu-lon bristles for best results.

Prescribe (OR SUPPLY) **the Tooth Brush** **With All 5 Approved Features!**

- 1. RE-INFORCED TUFT
- 2. FLAT BRUSHING SURFACE
- 3. EXTRA LONG, STRAIGHT HANDLE
- 4. THREE SIZES . . . 3 Row, 2 Row, Junior Child's
- 5. NEW SCRATCHLESS Cu-lon Bristle!

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For enclosed _____\$, send _____ Model D
Brushes with NEW Cu-lon SCRATCHLESS Bristle.
20¢ each. (Sample offer restricted to six of each model)

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FLAVOR IS IMPORTANT

Many patients prefer the mild peppermint flavor of FASTEETH—so mild that FASTEETH is often described as tasteless. Flavor is important and the oil of peppermint has an analgesic effect—helps to prevent gagging.

Pleasant tasting FASTEETH is different, and your denture patients will notice and appreciate that difference.

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Gentlemen:

Please send professional samples of Fasteeth.

Dr.

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EXTRA CARE *here*



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ACRALITE

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PAT. OFF.



Until you start to work with *Acralite* denture material, it seems very much like other denture acrylics. Then, its superiorities become evident. You find that *Acralite* provides longer working time, it flows freely and evenly; it is easy to manipulate.

The advantages of *Acralite* are even more striking in actual use. After years of daily wear, *Acralite* dentures maintain their original form, their strength, their cleanliness. They remain as natural-looking and detection proof as the day they were made.

This unusual "*satisfaction in use*" is no accident. It is "built in" to every batch of *Acralite* in the manufacturing process. Each step is supervised by denture chemists under rigid scientific control. Repeated tests are made for density, for color stability, for resiliency, for strength, etc., etc.

For patient satisfaction...
for dentures of distinction,
standardize on *Acralite*!

ACRAFILM

A splendid time-and-labor saver; replaces tinfoil in the making of dentures. Simply apply with a brush, quickly and easily. Dentures come out clean and clear in the unpolished state. Economy priced. Order through your dealer.

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New York 18, N. Y.



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BRUTE STRENGTH

IT DOESN'T TAKE BRUTE STRENGTH TO ADJUST
TICONIUM CLASPS. IT IS NOT A TUG-OF-WAR.
TICONIUM IS THE MOST RESILIENT OF ALL CHROME AL-
LOYS, AND PRODUCES THE MOST ACCURATE CASTINGS.



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413 North Pearl Street, Albany 1, N. Y.

LABORATORY NEAR YOU

MEMO

Doctor...
 Here's a Christmas Memo
 for your wife. Please
 see that she gets it.
 P.H.

Dear "Mrs. D.D.S.",

Want to give Doctor a big hand....one that a busy man, such as he is, will really appreciate?

With Christmas just around the proverbial corner, chances are he'll start worrying about gifts. What would be nice--unusual--for his colleagues? For that "special" patient? For this friend? And that one?

Well, dear lady, once you've read this memo, you'll be able to supply the perfect answer....for you'll know about "MAN AGAINST PAIN", that enthralling book which every dentist--bar none!--should read, give and recommend.

"MAN AGAINST PAIN" is Dentistry's own book. Its absorbing, spine-tingling narrative spins the story of anesthesia from the medieval whack on the head to today's modern drugs--and in so doing, shows incontestably how Dentistry, and Dentistry's discerning ingenuity, made the whack on the head obsolete! Its author, Howard Riley Raper, is an eminent dentist, one known throughout the Profession as "the Father of Radiodontia".

As the Saturday Review of Literature so aptly put it, "This is IT: the most exciting book (about medicine) since Paul de Kruif hit the jackpot (with Microbe Hunters) 20 years ago. Dr. Raper writes with humor....love....humility....rare skill." The Book-of-the-Month Club News reported the book as having been "particularly enjoyed." Countless other critics have likewise pulled out the stops with equal gusto.

Yes, "MAN AGAINST PAIN" is, indeed, IT. No matter how hard Doctor tried, no matter where he looked, he would find no gift so genuinely personal, so truly appropriate. He'll want a copy for himself (a hint for you, lady!) as well as one for his reception room.

"MAN AGAINST PAIN" is now in its second printing, and, like all Prentice-Hall selections, selling rapidly. So please help Doctor make up his list today so that he'll be certain of pre-Christmas delivery. Just use the coupon. Thank you!

Cordially yours,

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 or can get--"MAN AGAINST PAIN."

PRENTICE-HALL, INC.

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70 Fifth Ave., New York 11, N.Y.

Please send at once copies of "MAN AGAINST PAIN" by Dr. Howard Riley Raper, at \$3.50 each.

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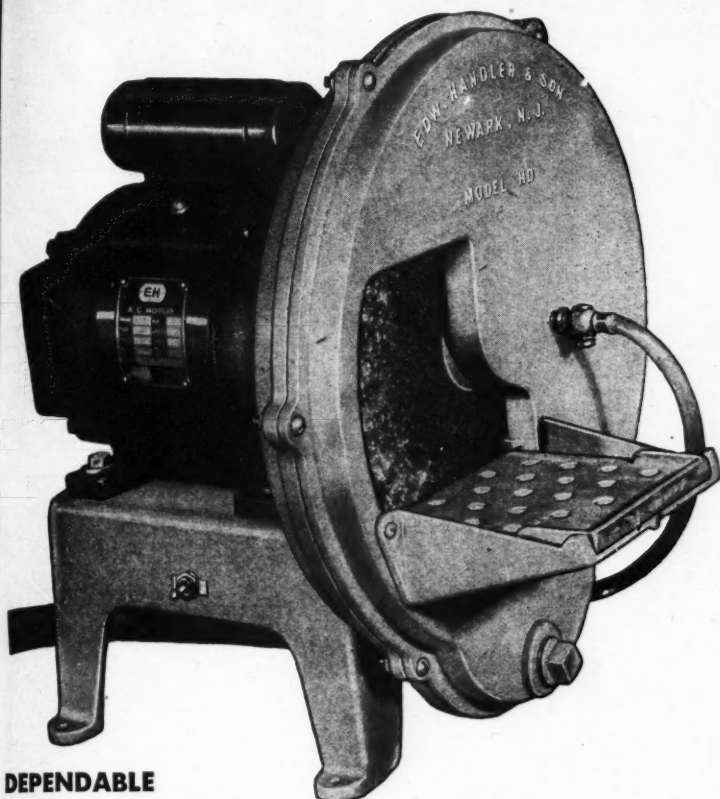
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THE HANDLER MODEL TRIMMER TYPE H-D



DEPENDABLE

- Powered by $\frac{1}{2}$ Horse-Power Ball Bearing Capacitor Motor.
- Rust Proof—All Possible Parts Are Constructed of Aluminum.
- Full 12" Grinding Wheel.
- Single Adjustable Grinding Table.
- Two Outlets for Waste Water.
- Size—16" x 16" x 16".

Price F.O.B., Newark, N. J. \$100.00

Our twenty-six years of manufacturing dependable Dental Laboratory Equipment has given us an enviable reputation. We cannot afford to sacrifice this reputation by producing a single item that we feel does not meet with this high standard.

At Your Local Dealer For Immediate Delivery

EDWARD HANDLER & SON

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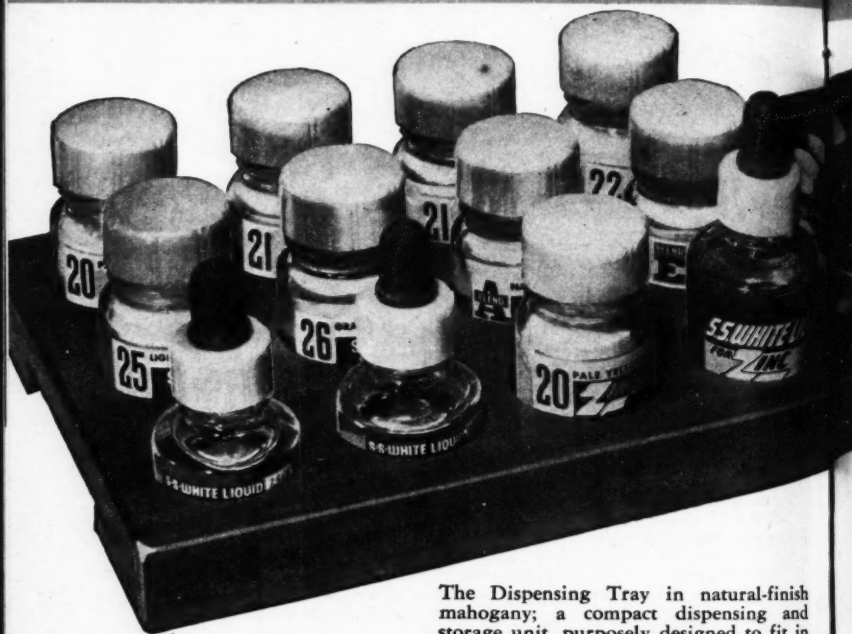
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Dispensing

S.S.WHITE FILLING PORCELAIN



The Dispensing Tray in natural-finish mahogany; a compact dispensing and storage unit, purposely designed to fit in your dental cabinet when not in use.

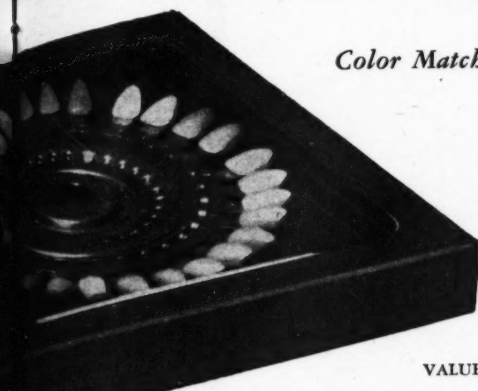
Order from your salesman today

An assortment of most used Filling Porcelain Improved colors and a generous trial of Zinc Silicate—The tray fits in a drawer of dental cabinet when not in use.

Filling Tray

IMPROVED

Color Matching Guide Not Included



PRICE
\$ **21⁶⁵**

VALUE: Less Trials and Dispensing Tray \$26.00

Contents

- | | |
|---|-------------------------------------|
| 1 Powder No. 20 Pale Yellow | 1 Powder No. 26 Gray Yellow |
| 2 Powders No. 21 Light Yellow | 1 Powder Blend A Light Yellow-Gray |
| 1 Powder No. 22 Yellow | 1 Powder Blend E Medium Yellow-Gray |
| 1 Powder No. 25 Light Yellow-Gray | 2 Bottles of Liquid |
| 1 large trial portion Zinc Silicate Powder No. 20 | |
| 1 large trial portion Zinc Silicate Liquid | |

To acquaint you with the merits of Zinc Silicate, a trial portion is included in this offer. Stronger and more durable in mouth fluids than any similar filling material, it is recommended for posteriors when an esthetic result is the prime objective. Mixes smooth, allows ample working time. Can be finished in 15 to 20 minutes.

Filling Porcelain Improved complies with A. D. A. specifications

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA 5, PA.

"Over a Century of Service to Dentistry"

**Clinical
Investigation
Shows Why**

Forhan's

with massage

merit YOUR recommendation
as a home adjuvant in

GINGIVITIS

Here's what a clinical investigation conducted by practicing Dentists showed. Out of hundreds of dental patients individually examined—795 were found to have Gingivitis.

Approximately half of these Gingivitis cases were given prophylaxis. All were instructed to massage their gums with Forhan's Toothpaste for 30 days.

**95% Gingivitis cases improved
at end of 30-day test period!**

95% of all Gingivitis cases showed marked improvement. 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage confidently invites your continued acceptance and recommendation—as a home adjunct to professional care in treating Gingivitis.

THERE ARE NO HARSH ABRASIVES IN

Forhan's

with massage

For Firmer Gums—Naturally Sparkling Teeth



Picture of the Month



VICTORIE EMILE, a young Indian girl, receives dental treatment from Sister Caron, one of the dentists at the Fort Smith Mission Hospital in the Northwest Territories of Canada. The Order of Grey Nuns of Montreal maintains in Fort Smith an excellent hospital for the care of Indian children. It is one of the many northern mission hospitals established by Catholic Orders which have spent millions of dollars on modern medical and dental equipment. Throughout the Northwest Territories all medical and dental care is provided by a few government physicians and the missions of the Roman Catholic and Anglican Churches.—*World News Services*.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

"Black-Market"

Dentistry



New England dentists reveal prosperous dental "practices" of unethical laboratories.

By BETH D. RYAN

SEVERAL practicing dentists recently interviewed in Worcester, Massachusetts, ruefully admitted that the laboratory offense of dental practice without *benefit of dentist* has become a threat to their profession, and they thoughtfully allowed that "something should be done." Further, they confessed that discussion on the subject, though voluble, has resulted in little united action against the lawbreakers. A few convictions with resulting small fines have brought no decrease in offenders. As a group, dentists have yet to formulate a plan to combat the increasing violations. As individuals, they expressed definite opinions—some vehemently.

Most of the dentists interviewed claimed that Worcester is no worse than any of the other New England cities of like size or larger. "We admit the condition, that is the difference," they asserted.

Of the eight Worcester dentists interviewed, six showed ready cooperation with the reporter from ORAL HYGIENE by sacrificing time during office hours to talk lengthily on the subject.

"Direct dentistry by laboratories is not a new problem," said Doctor Jesse James Tronic, Chairman of the local Dental Legislative Committee. "A group of us met with the Attorney General in Boston some time ago to see just what could be done about it. He told us to give him the cases with the full evidence, and he would prosecute them. But we have found it is hard to get the proof against these fellows. Somehow we have to get at the root of it and make the corrections there, because for every case brought to court there are hundreds that are not punished."

"A step in the right direction," Doctor Tronic suggested, "might be to keep a check on the flow of dental supplies through using the prescription basis. We might also be able to get a regular inspection of the laboratories by a dental committee and a member of the Board of Health to see that their work is not only up to certain standards but also done under hygienic conditions. Some of them carry on here in cellars and other makeshift places."

Illegal Dentistry

Doctor James H. Maycock, President-Elect of the Massachusetts State Dental Society, readily acknowledged there was much illegal dentistry in Worcester. "Even the advertising dentists are aware of the problem. They have offered us a thousand dollars to help clean up the rackets. In my

practice as an exodontist," Doctor Maycock continued, "I do not come in close contact with laboratories, but the situation has been thoroughly gone over in our dental meetings. We hear many extravagant stories, but if only some of them are true, it is still a menace to the profession. We have no plan here as yet except to cooperate with the State Society in finding a solution."

"In the Navy," declared Doctor A. S. Shellhorn, "we found eastern trained dentists behind in dental laboratory skill. The western dentist was superior in his training and technique. It seems to me," Doctor Shellhorn said, "that the dental laboratories secured a real foothold during the war when dentists were swamped with extra patients. The dishonest laboratories capitalized on the pressing need for restorative dentistry, and they're still doing it. Perhaps this condition was just as bad before the war, but it's easier to see these abuses after you've been away."

Doctor Fred Richardson reported that this laboratory condition is not new in Worcester. "Years ago," he said, "there was a dental laboratory in this building run by a—well, let us say, a Mr. W. All the dentists in the building, myself included, at one time or another heard people in the elevators asking where 'Doctor' W's office was. We knew what was going on. We have to admit that this present condition has

come about through the negligence of the dentists themselves. They are the ones who should do something about it.

Prescription Plan

"Perhaps," Doctor Richardson continued, "the prescription plan they use in New York City and in California would work here; or maybe the laboratories should be licensed like barbers, beauty operators, and scores of other skilled workers. I've been agitating for action on this for years. It's a professional scandal and we should all get together and tackle it—whether it affects our own individual pocket-books or not."

Doctor Lewis H. Shipman, Secretary of the Worcester District Dental Society, maintained that most of the laboratories cooperated. "But the few offenders do such a land-office business that, naturally, they are the ones we all hear about. We should have more stringent laws and specific regulations. We have been held back by the legal interpretations of the law we are trying to enforce.

Lack of Evidence

"We know of many violations," Doctor Shipman stated; "yet it is almost impossible to get evidence because of the lack of cooperation. The average patient will not testify—unfortunately many of them are completely satisfied with the restoration made by the lab-

oratory. In any case, they do not want the publicity. We have no separate funds for private detectives. The \$2 license fee which each dentist pays to the State goes into a general fund that is used for prosecuting any kind of civil case. None is available to us in getting our evidence. After we have used our own resources to ferret out the culprits and have the proof, the State will prosecute. Our last case was fined \$50. We could easily spend more than that just getting evidence on one case."

More education for dentists and dental hygienists was advocated by Doctor Homer A. Smith. "They should learn," he said, "the necessity of preserving the prestige of dentistry. All dentists should be urged to become members of their local dental societies, and then more forceful laws should govern the members. In more than one case," Doctor Smith said, "dentists have connived with a laboratory to produce illegal dentistry."

Dentists' Indifference

The interviewer found that some of the younger dentists showed irritation with the so-called New England trait of "extreme cautiousness before taking any action." Because of this, one dentist affirmed that the condition would become a lot worse before anything is done to eradicate it. Another stated, "Eighty-five per cent of the practicing

dentists in New England are past their prime. They have made their wad and simply don't care. They are old enough and should retire; some of them wouldn't lift a hand to stop compulsory medicine or anything that jeopardizes dentistry. Yet they continue to seek and to hold power."

One dentist interviewed "guessed" that there were over two thousand illegal dentures made each week in the Worcester district. "One town," he said, "has a laboratory man that works for the town dentist. The rest of his time he spends on his own 'dental practice' and has paid for his new home in one year. This one solicits business by paying his customers a commission when they bring in a new 'patient.'"

"In another town," he continued, "there is a laboratory man who uses his wife's kitchen every Sunday for a dental office. He hires a Boston dentist for that day to take impressions. The following Sunday the 'patients' return for their finished dentures.

Laboratory Solicitations

"A dental laboratory on Boylston Street in Boston solicits customers right out on the street in front of their building. The procurers," this informant stated, "are paid a commission, and they are sometimes uniformed policemen. I know," he said, "because I was solicited."

"The public must be educated, too," another dentist insisted.

"No one in his right mind would allow an intern to operate on him because the intern's fee would be less than the qualified surgeon's. The public should be told there is a risk in every dental operation and that the dentist is trained to recognize symptoms and conditions, and knows the value of prevention. The dental supply houses might help us in an endeavor to educate the public to safe dentistry."

"In some cases dentists themselves have to improve their dentist-patient relationship," declared an ex-Service dentist. "Some of them are in a rut because of their experience in the Service. The Army did not encourage a good relationship between dentist and patient. I saw with my own eyes many cases where the completed denture was just handed to the 'G.I.' A natural resentment of such callous treatment reacts against the whole profession. These men may now well prefer the direct services of an obliging laboratory."

Most of the dentists interviewed asserted that the laboratory-patient dentistry had not visibly affected their volume of practice or their incomes. They were all busy. Some of them thought that if a slack period came to dentistry it would be easier to get action on the offending situation. Some of the officers of the Society felt that in order to find an effective remedy there must be

(Continued on page 1924)



Do State Dental Board Requirements Need Revising?

State dental board requirements lag behind present-day techniques and procedures in dental science.

By G. J. BIGSBY, D.D.S.

A STUDY OF the requirements of the dental examining boards of the forty-eight states and the District of Columbia can only lead to one conclusion—they are not in line with dentistry as it is practiced today. Dental colleges must meet certain standards as set by the Council on Dental Education of the American Dental Association to qualify their graduates, so what excuse can there be for not keeping state board dental examinations in line with changing techniques of modern dental practice?

I do not wish to imply that the fault is entirely that of the members of the various boards; rather I believe that it is the result of an apathy to change within us all. Then, too, these board members are busy conducting their own practices, and changing examinations means extra hours spent in meeting with the other members of the board—extra hours lost from private practice. Acceptance of the appointment to a dental examining board, however, should automatically make such responsibilities mandatory.

Forty-two boards require the insertion of a gold foil restoration. Only eleven require or list as optional the insertion of a silicate restoration. I should like to ask any dentist to check his records of the last year and determine his ratio of silicate restorations to gold foil. Why are gold foil restorations so important when silicate is the apparent choice?

Let us consider the argument that is certain to be brought up at this point about the ability required to insert a gold foil restoration. Is that ability any greater than the ability required for many other dental operations? What about the ability required to complete successfully an occlusal reconstruction, or to construct a full denture with balanced occlusion from impressions that show an exacting degree of knowledge of muscular actions as they affect the proper placing of the borders of the dentures?

Apparently one board realizes that gold foil restorations are not used too much, for they allow a dentist who has had five years in practice to substitute a cast gold inlay.

Only twenty-five boards require, or list as optional, the construction of a cast gold inlay.

Only thirty-seven ask for an amalgam restoration.

Amalgam and silicate restorations are the backbone of the average dental practice. Why, then, do we find this emphasis on the

little-used foil? If the dentistry we see in the mouth of "John Q. Public" can be taken as average, most of us certainly need to improve in the techniques of our everyday restorations.

One board asks for a silicate restoration in either a Class II, III, or IV cavity. How could a silicate restoration material designed for use in Class III or Class V cavities be considered good dentistry in a Class IV cavity in a molar or bicuspid?

Three boards require the construction of a Richmond crown. Let us ask any state board examiner how long it has been since he placed one of these restorations. I should also like to ask, if by any chance someone admits placing one recently, if he constructed it himself or had it done by a dental technician.

Consider the status of the three-quarter crown, certainly the most common of all restorations used as the abutments for our present-day fixed bridges. Only *one* board mentions a posterior three-quarter crown, only *six* an anterior, and *four* are not specific as to type.

Three boards have not forgotten the full crown, but no specifications are given as to what type of full crown is desired.

Two states require the construction of a three-unit anterior bridge. The specifications call for a three-quarter crown on the cuspid, a lateral pontic, and an inlay on the central incisor for a lug. I cannot

believe that the dentists in these two states cut into a healthy central (or remove a gold foil) to place an inlay for a lug to rest against when constructing this type of bridge for a patient.

Only forty boards require or mention prosthesis. Perhaps the other states have enough natural fluorine so their patients keep their teeth until death. Thirty-four boards require full upper and lower setups. Nine specify anatomical or adjustable articulators. One board lists only one make of articulator as acceptable for its requirements, and two boards state that the candidate has his choice of instruments. Perhaps the research of some of our well-known prosthodontists on functional bite techniques is not yet familiar to all the members of the profession. Only one board mentions a gothic arch tracing, or a modification of it, despite the fact that this is the

most accurate method of determining centric relationship devised by the profession.

One state requires the construction of a full upper denture through the try-in. I thought most of our denture problems originated with the lower denture.

Only seven boards list the making or interpretation of roentgenograms. Three ask for extractions, and five require a prophylaxis. One board specifies a "complete" prophylaxis. Only one requires a diagnosis of pathologic conditions, three ask for oral diagnosis, and six require mouth charting and treatment planning.

Can there be any doubt that our state board requirements are not what they should be? Can there be any reason for not revising these requirements?

202 Public Service Building
Beloit, Wisconsin

"BLACK-MARKET" DENTISTRY

(Continued from page 1921)

whole-hearted cooperation from a majority of their members. There seemed to be little cry for *immediate action* from the 265 practicing dentists in the district.

In the maze of acknowledged hindsight, procrastination, and self-censure that became apparent in the interviews, there still seemed to be a sense of optimism

and hope expressed that things would "somehow work out." Dentistry is endangered, however, by the black-market laboratories. The situation will not better itself. Only by the insistent demand of dental groups made to law enforcement agencies can the profession hope to see the illicit laboratory closed.



So You Know Something About Dentistry!



QUIZ XXVI

1. Which of the following malocclusions of the deciduous dentition should be corrected? (a) cross bite, unilateral or bilateral, (b) maxillary anterior teeth in lingual version to lower anteriors, (c) extremely narrow arches with decided disto-occlusion.
2. The coefficient of thermal expansion of amalgam is (a) the same as, (b) three times greater than, (c) six times greater than, that for tooth tissue.
3. The probabilities that unopened pits and fissures will become carious are (a) 400:1, (b) 1000:1, (c) 2000:1.
4. What is the essential difference between secondary dentine and pulp calcifications?
5. Are alkaline solutions of local anesthetics superior under clinical conditions to the more acidic solutions?
6. Nasmyth's membrane is (a) the outer layer of the upper surface of the tongue, (b) the enamel formative organ, (c) a constituent of the pulp, (d) the covering of the hard palate.
7. Approximately (a) 4000, (b) 1000, (c) 10,000, people in the United States die every year from cancer of the lip and mouth.
8. A considerable overbite is usually associated with (a) short, (b) high, (c) medium cusps of the bicuspid and molars.
9. For the protection of the patient in roentgenography it is wise never to exceed (a) one-fourth, (b) one-half, (c) three-fourths, the dose for a single skin area.
10. Does the flow of saliva (a) increase, (b) decrease, (c) remain the same as the natural teeth are lost?

FOR CORRECT ANSWERS SEE PAGE 1945

John Doe
Income Analysis
October 1946

Day	Total Income	Professional				Nonprofessional	
		Extractions	Restorations	Dentures	Misc.	Type	Amount
1	92	20	22	50	—		
2	115	14	31	32	8	Rent-chamber	30
3	104	10	12	70	12		
4	80	40	21	19	—		
5	94	17	35	42	—		

Is It Significant to Analyze Your Income?

29	52	7	22	10	13		
30	198	31	16	26	—	Dividend U.S. Steel	125
1875 ⁰⁰		431 ⁰⁰	411 ⁰⁰	716 ⁰⁰	162 ⁰⁰		155 ⁰⁰

An example of the type of form suited to the
recording of a monthly dental income.

**Certified public accountant
explains benefits to be de-
rived from an analysis of your
income.**

By IRVING ELBAUM, C.P.A.

THERE ARE four sound reasons for a dentist to know the "wherefores" of his income:

1. To minimize federal and state income taxes.

2. To be in a position to know the type practice in which he is engaged.

3. To have a sound basis for the sale of a practice.

4. To obtain maximum recoveries from the insurance company in the event of loss of a piece of dental equipment through fire or theft.

Let us examine each of these points.

Most taxpayers customarily think of minimizing income taxes (state as well as federal) in terms of deductible costs and expenses. It must also be evident, however, that an equally effective method for not overpaying your income taxes is to concentrate on the other side of the ledger—sources of income. It is primarily significant at least to break down total income into two broad groupings—professional fees and all other income. You probably question the necessity of this breakdown, believing all income is taxable. But, you may be wrong, since an item like bond interest received may be nontaxable or only partly taxable. Cash received as a gift, to take another example, is not taxable for purposes of computing federal income tax. Those who think that "other income" is too infinitesimal an item to consider should bear in mind that this type of income is at its peak during inflationary periods. Men who have never before speculated find themselves, at the present time, investing in stocks, bonds, real estate, and other businesses. Gains from the sale of these items are known as "capital gains" and as such are subject to tax rates

which are different from those on the net profits of a dental practice.

Control Your Practice

Although it is true that a dentist is not in the same entrepreneurial position as a manufacturer with regard to being able to control the type of "product" he intends to sell, there are certain situations where a knowledge of the types of professional fees earned is essential. For example, if a general practitioner, who finds himself pressed for time, learns that the bulk of his professional income over a reasonable length of time (at least one year) is coming from orthodontic cases, it might be wise, from the point of view of "interest" as well as money, for him to recommend all other patients to a colleague. In other words, he is now in a position to specialize in orthodontics. To take the reverse situation—a specialist may decide to become more of a general practitioner if his professional income records indicate that many of his fees no longer stem from the field of his specialization. From an analysis of his records, the dentist is able to act intelligently and on the basis of facts rather than on hunches.

Practice Value

How is it feasible to have a sound basis for the sale of a practice? It is well recognized that certain fields of dental specialization are more lucrative than others. Consequently, if practitioner

A is asking \$20,000 from practitioner B for A's practice on the grounds that approximately 25 per cent of A's total professional fees over a period of five years is attributable to orthodontic cases (to take a random example), A is in a much better bargaining position if his income records substantiate his verbal claims.

How does an analysis of a dentist's income help him to obtain maximum recoveries from the insurance company in the event of loss of a piece of dental equipment through fire or theft? The insurance company is interested in knowing the condition of the particular item at the time of the catastrophe. If the dentist can point out that the casting machine (or sterilizer, or any other piece of equipment) which was destroyed by fire was in excellent condition at the time, since his type of practice did not demand excessive usage of that piece of equipment, he should be able to convince the insurance adjuster that he is entitled to an amount larger than that originally offered. The income analysis record would be used as the main "talking point" to indicate the breakdown of the practitioner's fees.

Analysis Record

The kind of record which would fulfill all of these conditions need not be complex. For the majority of practices it should be set up in this manner. On a single sheet of paper (approximately 8½ by 11

inches) list the days of the month vertically in a column on the extreme left. The next column should represent total income. The breakdown, or analysis, of the next few columns will depend on the individual dentist's judgment and the time that can be devoted by the dental assistant to record keeping. A typical case might be where the bulk of the professional income originates from extractions, restorations, and dentures. In this case, separate columns should be set up for each of those categories. An additional column is then needed for "Miscellaneous Professional Income." In this way, all the professional fees are accounted for, month by month, and day by day. Then, to complete the picture, one more column for "Nonprofessional Income" should be created. In this column would be entered such items as dividends, bond interest, rent income, and other income with sufficient detail so that items not subject to federal and state income taxes (or only partly subject) are clearly set forth.

A separate sheet should be used for each month. The various columns must be totaled each month as a check on accuracy and as a basis for obtaining the year's totals. Not only can the sheet be used as an income analysis record, but also as a check against the bank deposits shown on the monthly statement received from the bank.

141 Broadway
New York 6, New York

\$4500 IN PRIZES AWARDED TO DENTAL WRITERS

PRIZES totalling \$4500 have been presented to dental writers, from all sections of this country and Canada, whose skillfully written manuscripts, submitted during the last four years, won the \$100 ORAL HYGIENE award for the best article published each month.

• • •

Dentists, dental assistants, journalists, architects, who are thinking clearly about the peacetime problems of dental practice, head the list of lucky authors. "Occupational Diseases Among Dentists" won an award and its accompanying questionnaire brought thousands of replies from interested dentists. The patient's postwar reaction to dental service was presented in the prize-winning "Dentists—Meet the People." The need of correct dental diagnosis to avoid practice hazards was pointed up in "Tightropes and Dentistry." Recommendations for avoiding socialized dentistry and practical suggestions on the present-day fee problem were other prize winning subjects. A Pennsylvania dentist won an award for his answer to the question, "Is There Profit in Your Voice?"

• • •

Your own observations on dentistry are just a little different from every other person's. Write down your experiences, your plans for improving dental practice, your ideas for distributing dental service more widely, or suggestions for a retirement plan.

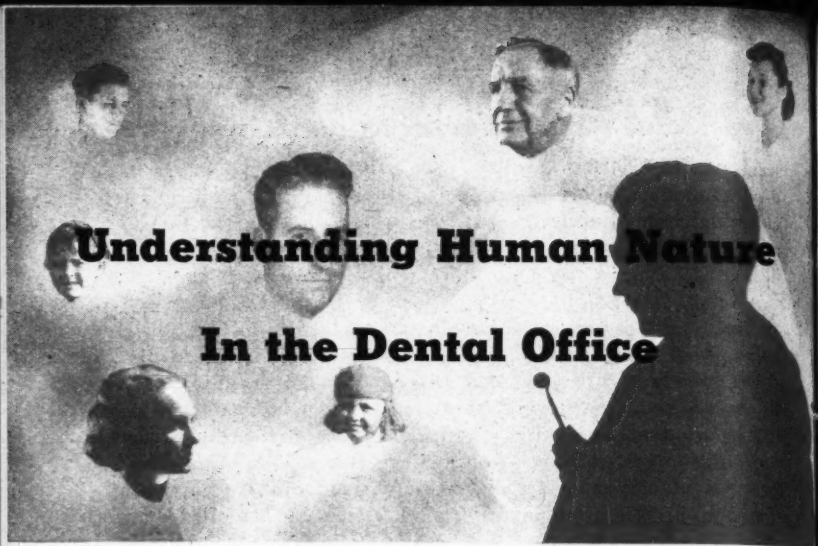
• • •

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.
2. Write your story in simple, direct, specific language without literary flourishes.
3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

• • •

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Are you building your dental practice through the use of practical psychology as well as technical skill?

By I. KAUFMAN, D.D.S.

"PSYCHOLOGY is the scientific endeavor to discover and make clear the facts and principles underlying human relationship. It helps us to know ourselves and to interpret some of our actions, as well as to foresee and understand the actions of others."

Knowing and controlling the patient are fundamental requisites in understanding the human relationships which the dentist must consider. But also essential and pertinent is the ability of the dentist to understand himself in his various social and professional relationships.

The total impression that an individual makes on others is, briefly, what is meant by personality.

Some dentists succeed, some merely exist, and others fail completely. Observation discloses that these results are not in strict ratio to technical skill. Some skillful men fail, while others not nearly so skilled succeed. This is because in dentistry we are confronted not only with the human mechanism of the patient, but also with his personality. Suggestion is perhaps the most effective means of influencing the thoughts and actions of others.

We begin its use on the extremely young. Do you want to be pretty? Do you want everybody to like you? Did you ever see a pretty lady without pretty teeth? The little girl admits with frankness that she does want to be pretty and have everyone like her.

Her older sister is not quite so frank, but she can be influenced by the same method. We take the same idea, dress it up a little differently, and present it to her. We speak a little of perfect mouths as attractive features and mention the fact that many attractive women have little else.

The boy you approach from a different angle. "Do you want to be well and strong so you can be on the team? Athletes must have good teeth."

When the youth begins to pay more attention to his appearance, you may appeal to his pride.

To the adult we may suggest maintained and increased efficiency; while to older patients we speak of a longer, more comfortable life, together with all the benefits of modern prosthetics in concealing the evidence of years.

The utterly negligent and unappreciative patient can be told of long-continued and ever-increasing pain.

The successful use of suggestion requires consideration on our part of differences in personality and habits of thought. Methods chosen must be suited to the individual.

Attitudes

An attitude is a position taken and maintained by an individual. Attitudes are important and are sometimes worth great sacrifices. We must try to maintain a well-balanced attitude. Some dentists take the attitude that a dentist as such, being an educated profes-

sional man, is entitled to respect. He will get it if he deserves it.

Never start treatment until the patient knows what he has a right to expect. Never begin a difficult procedure, where aftertreatment is necessary, with the patient maintaining the wrong attitude.

Sometimes a patient says, "I have been trying to persuade Miss X to come to you but do not know if I can manage it." Your answer should be: "That is nice of you, but I would not urge her too much. No doubt she is pleased with her own dentist."

Arguments

Never argue with a patient. Show some sympathy when a patient thinks he is hurt, whether he has been or not. Never promise anything you cannot do. It is better not to serve a patient at all than to deceive him for the privilege of serving him. If it seems evident that he is going to be dissatisfied, do not begin the treatment. It is better not to begin than to worry through to an unsatisfactory ending. A patient who has been sent away without service might someday become an asset. But one who is dissatisfied with something you have actually done for him will be a liability as long as he lives.

Never dominate or hurry a patient. Such procedure is a relic of a bygone day. To be successful we must not only sell service, but satisfaction as well.

Furnishings, equipment, and the

HOW TO RECOGNIZE VARIOUS CONSTITUTIONAL DISORDERS

While operating on mouths at close range, and at the same time observing the faces of patients, it is possible to take preventive measures in calling these conditions to the attention of the family physician.

1. Cracked lips or a stubborn sore often indicate cancer.
2. A sluggish ulcer on the inner side of the cheek near the angle of the mouth is suggestive of tuberculosis.
3. Blue-white mucous patches in the mouth, cheeks, and tongue usually indicate leucoplakia, called also "smoker's patches."
4. Red spongy gingivae, while most frequently indicative of gingivitis, may be the symptom of diabetes, leukemia, tuberculosis, or Vincent's infection.
5. Enlargement of the tongue may be a symptom of Ludwig's angina, actinomycosis, or myxedema. Deep inflamed fissures in the tongue may point to dysentery, diabetes, or chronic liver disease.
6. Ulcers of the tongue may be a sign of stomatitis, syphilis, or tuberculosis. A single ulcer with an indurated base, particularly if found in middle-aged patients, probably is an epithelioma.
7. An odor of urine on the breath is indicative of uremia; a sweetish odor occurs in diabetes. A foul odor caused by carious teeth may also indicate infection along the entire respiratory tract, or gastro-intestinal disturbances.
8. An initial lesion of syphilis frequently occurs on the lips and may be mistaken for canker sores or an early epithelioma.
9. Shortness of breath, bluish lips and nails, often indicate and point to cardiovascular disturbances.
10. Bulging eyes and eyes out of focus point to thyroid and goiter.
11. Twitching of muscles of the face indicates nervous disorders.
12. Neuralgia, earache, and sometimes headaches, may be caused by exposed pulps, especially in hidden cavities, and by impacted teeth.

arrangement of our offices are the atmosphere, together with our assistants and ourselves. Our appearance, manners, and habits are part of it. The importance of creating the proper atmosphere is recognized by every dentist who tries to have an attractive reception room or who wears a white gown. The

best operator would fail if he gave no attention to atmosphere.

The dentist's office should be clean. The reception room should be arranged with good taste. Next to cleanliness, a little human kindness goes a great way. The operating room must radiate cleanliness.

A man who makes a patient wait

unnecessarily in order to give the appearance of being busy is flying under false colors and is likely to defeat his own purpose.

Answering Complaints

Until we reach the stage of complete perfection, we shall occasionally be confronted with complaints. Answering them satisfactorily is an art. Listen patiently and respectfully. Do not answer a complaint until you have convinced the patient of your interest in his case and your wish for its

successful outcome. There is but one answer, the truth. If you are at fault, offer to make it right. Successfully answering the complaint is equivalent in the last essential to a sale.

Good salesmanship, ability, desire to serve, and unselfish honesty are powerful agents for good; good not only to ourselves, but also to those we serve. Their use may easily be the determining factor for success or failure.

116 New Alexander Street
Wilkes Barre, Pennsylvania

They'll Do It Every Time

Registered U. S. Patent Office

• By Jimmy Hatlo



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9-28



The Fee Question

By I. FRANKLIN MILLER, D.D.S.

THIS IS not an essay on *Dental Economics*, to use the "high-brow" name that has been given to plain matters of dental office management. It offers no dollar advice. It is merely a plea for a sensible, *professional* approach to the fee question. It is a protest against a wholly false attitude, one which is too prevalent among dentists; one which not only befogs the question at issue, but also holds back the progress of dentistry as a health service.

Consider a common discussion among a few dentists about what should be charged for a full denture. One man asserts that \$65 is not enough; another declares that the \$350 or \$500 fee of Doctor So-and-So, whom they all know, is akin to racketeering. "No denture

is worth \$500!" somebody exclaims. Summing it up an elderly practitioner may observe: "I've seen some of those fancy-fee dentures; they're no better than mine, for which I never get more than \$100."

Even the commentator of THE DENTAL DIGEST allowed himself to fall into this false approach to the fee question in his column Contra-Angles in the May, 1946, issue. "In some of the larger cities," he says, "there are a few swanky dental offices where \$50 inlays are produced—and some of them are not too good, by the way. . . . some of the big city, high-pressure producers, who cater to the social registrants and the country club set, turn out bridges at \$75 per tooth. I have seen some of them.

A professional colleague recommends a new approach to the dental fee problem.

There is nothing to distinguish them but the price."

So there shall be no mistake about his meaning he observes in the next paragraph: "The gougers and the racketeers are not many in dentistry. There are probably ten thousand inlays produced in the \$15 or \$20 bracket to every one in the \$50 bracket. If \$50 inlays and \$300 bridges were usual dental fees, dentists would be rolling in the \$50,000 annual income group. Most of the hundreds of dentists I know are living comfortably and as substantial citizens in the \$7,500-a-year class. I don't find many butlers or yachts among them."

What do dentists mean when they talk thus? Do they mean that the *profession* of dentistry is a mere pretense? Are they having "candid" moments, confessing the "truth" to each other that they are really no more than petty peddlers, selling dentures, inlays, bridges, at so much per dental article?

To approach this problem in a realistic, professional manner, let us consider these two questions. What fee *must* a dentist charge for the services he renders? What fee *should* he charge for those services? The answer to the first question depends upon his operational overhead. The answer to the second depends upon his patients' evaluation of oral health,

and the dentist's professional ability.

Operational Overhead

Taking the "must" question first, a dentist's operational overhead is determined by the scope of the service he renders to his patients. Disregarding individual differences in professional knowledge and skill, the scope of a dentist's services depends on his operational facilities.

At one extreme are the thousands of practitioners, especially in urban areas, who have limited office space, including one, sometimes two, operating rooms; a small interior laboratory, generally illuminated by artificial light; and a reception room in proportion. The x-ray machine is of the bracket type and hangs on the wall beside a chair. Facilities for developing roentgenograms are no more convenient than his cramped space allows. As a result he does not make it an invariable rule to roentgenograph all cases, much less to take full mouth roentgenograms. He may or may not have a dental assistant. If he does, she cannot help him much, if at all, in his laboratory. She is too busy at the dental chair, answering the telephone, acting as receptionist, taking care of his records. He does as much of his own laboratory work as possible. Because of his cramped quarters,

poor light, and the necessity of doing it at night, if he is at all busy at the chair in the daytime, however, this is not nearly as much of it as he would like to do.

Large Dental Offices

At the other extreme we find another type of dental practice, of which there are not thousands though many more than may be supposed. The offices have four or more operating rooms; there may be one for another dentist, one for a professional assistant, another for a dental hygienist, one for taking roentgenograms, one available for short wave or infra-red treatments in postoperative care. Three or more dental assistants are required, and there must be a receptionist and a secretary to keep records and handle correspondence. Such an office will have its own laboratory, large enough to employ two or more skilled technicians, and all the needed equipment. In addition there must be a dark room for the development of roentgenograms, and space somewhere to file records and store supplies.

Diversity of Treatment

It is obvious that the scope, the diversity of dental service, which can be rendered in a practice of this type, is far wider than is humanly possible in a practice of the first type. Without invidious comparison let us call the first type a Class A practice; the second the other extreme, a Class B practice.

Disregard differences in professional ability, assume that dentists with both types of practices are equal in skill and knowledge. With wider facilities it is possible to consider every mouth as a whole, to carry out any kind of indicated treatment, therapeutic or restorative, as a sequence to a thorough and comprehensive diagnosis. Within the facilities of a Class A practice, that is a physical impossibility no matter how eager a dentist may be to do so.

This comparison, extreme though it may be, illustrates the question of overhead. Of course, if a "large" office meant no more than a multiplication of several "small" offices, what we might call the "mass production" of dental services could be carried on with a reduced overhead cost per hour. In the type we have called the Class B practice, however, mass production is not possible because of the diversity of treatment performed for every patient. In fact, each individual case can be so completely treated, so much more time can be spent on each patient, that the overhead cost is necessarily much higher. It follows, therefore, that the scale of fees charged in the second type *must* be much higher than in the first, or Class A practice, because of its far greater overhead per hour of operation.

We now come to the question of what fees *should* a dentist charge. He knows, or should know, his operational costs. He knows, or should know, what he *must* charge

to cover those costs. But is that all? Does he not have to live, to bring up a family, to provide for the future? On what scale should he live? A "hard-boiled" businessman, of the "economic man" type, would say that was a dentist's own affair; he should charge whatever his patients were willing to pay and keep his appointment book filled. However, that sounds too much like charging whatever the traffic will bear, a repugnant thought.

Incentives

On the other hand, in a truly collectivist society, with completely socialized health service, dentists would not have to bother about their scale of living or about what they should charge for their services. They could not even ask such questions. They would be told the answers. But what about *incentives* under those conditions?

Is it not strange that many of the loudest complaints about the fees of alleged dental "racketeers" often come from the strongest opponents of socialized dentistry, the most vociferous defenders of proper incentives for individual initiative?

Let us be honest with ourselves. No sensible dentist is going to charge less than his patients are willing to pay, nor will he attempt to charge more for long. Somewhere between these two extremes there is a middle course. Is not

the ascertainment of that middle road the business of individual initiative, prudently exercised?

Let us be sensible about money. Properly regarded, money has no taint. It might have if it were received for inferior dental service, whether the fees were high or low; or, perhaps, if it were nothing but the means for sustaining a certain standard of comfortable, or luxurious living. It is more than that. What people willingly pay for a dentist's professional service, which they enthusiastically recommend to their friends, is a measure of the value they place on his ability and integrity.

If this is false reasoning, if all dentists should be satisfied with a prescribed limit upon fees, then why not let us have socialized dentistry?

No, indeed! We must encourage our skillful young dentists to take pride in this profession of ours not merely because of the human health service they can render but, as in other professions, because of the pinnacles they may scale, the prizes open to them. Why limit the incentives?

*Medical Arts Building
Pittsburgh, Pennsylvania*

ORAL HYGIENE AWARD

Beth D. Ryan has won this month's \$100 ORAL HYGIENE award for her article "BLACK-MARKET" DENTISTRY.

Legal Risks in Everyday Practice



The Sword of Damocles hangs over the heads of all practicing dentists.

The second of two articles in which an attorney explains the conditions under which you may be convicted of malpractice.

By RENZO DEE BOWERS, LL.B.

A WOMAN leaning back in the dental chair put her finger on a particular tooth and sputtered, "Now, 'Doctor,' here's the one I want pulled." The dentist said, "Yeah, I know," and went about giving her nitrous oxide. He was a little nervous by the time the patient was still, and in his hurry he inadvertently removed a healthy tooth.

Discovering his mistake immediately, he then quickly took out the tooth the woman had indicated. There was a scene when she found that she had lost a good tooth. She went out and sued, and in the end she collected a handsome judgment.

A practitioner used impure water in a morphine solution injected into a patient's arm to relieve pain following the extraction

of several teeth. Infection followed, with horrible results. For that bit of negligence, a jury assessed damages against him to the tune of \$6,000.

One dentist by mistake injected lysol into a patient's gingiva as an anesthetic; another fractured a jawbone and failed to reduce the fracture or to tell the patient about it or how it could be reduced; another unknowingly severed an artery during an extraction, but neglected to make a postexamination that would have enabled him to discover the accident and suture the artery; still another accidentally cut a blood vessel, which bled so profusely as to send the patient to a hospital; a California dentist, in attempting to inject a drug into a patient's arm to control a jaw infection, missed the vein and injected it into the tissues.

Lawsuits followed these typical cases of dental carelessness, and judgments for substantial amounts were rendered because of the mishaps.

Dental Testimony

A practitioner can ordinarily be found to have been negligent or incompetent, and consequently be punished financially at the suit of his patient, only when other dentists testify against him. That is a general rule of the courts, which, like all other rules, has exceptions.

To show how the rule works, in one case root fragments remained in the gingiva after an extraction, but in a damage suit the patient

did not prove that the dentist knew of their presence. When no other member of the profession testified that in good practice he should have known, the lawsuit went out the window.

Take another instance. It was the familiar case of the breaking of a hypodermic needle. The trial went against the patient because she was unable to prove that the dentist was negligent in inserting the needle or in his after-treatment, or that the needle was defective or not the type commonly used. She was also unable to prove by any other dentist that the way the needle was used was not in accord with the usual handling by skillful practitioners. "The mere breaking of the needle," said the judge, "did not prove negligence on the part of the user."

A man died in a dental chair while under the influence of nitrous oxide. His widow sued the dentist. At the trial, she was unable to get any other member of the profession to come into court and say that the dentist was at fault. It was necessary for her to rely upon the mere claim that "the death could not have occurred except for his negligence." But she lost her case. The judge ruled: "The fact that a patient dies under an anesthetic does not itself prove negligence. Without independent proof that what he did was inconsistent with good practice, the defendant is not liable financially for the patient's death."

But the exception to the rule re-

quiring the condemning testimony of some other practitioner in order to convict a dentist of malpractice often comes into the picture. It is the legal doctrine the courts call *res ipsa loquitur*, which, in case you've forgotten your Latin, means, "The happening speaks for itself." In other words, the direful outcome of an operation or treatment may be so clearly the result of negligence or incompetence as to preclude all doubt. In such cases, mere proof of the happening and what followed will fasten liability upon the accused dentist.

These incidents illustrate this principle.

An electrically driven instrument, which a dentist was using to polish a bridge being fitted to a patient's teeth, slipped and cut the flesh at the base of her tongue.

An x-ray machine fell onto a woman's face while she was sitting in a dental chair because "some bracket, rivet, or bolt broke and caused the accident."

After rendering a boy unconscious with nitrous oxide, the attending dentist left the room for a moment, during which brief absence the boy aroused and either jumped or fell through the office window to the street below.

In yet another case, a judgment was rendered against a dentist, without the adverse testimony of any of his colleagues, when his patient swore that he carelessly permitted a rapidly revolving disk to slip over against her tongue, and then dropped the instrument from

his hand, leaving it revolving in her mouth and failing to shut off the power that drove it.

These are the claims of negligence, incompetence, and unskillfulness which people are likely either to assert in good faith or to make up out of whole cloth against their dentists. It's an ever-present danger that you, a practitioner, run.

There's a sure-fire defense to such charges, however, if you can make the proof. If your complaining patient was also partly to blame, he will not be allowed to hold you financially responsible for his injuries, however deplorable they were and even though you were, in reality, at fault. The judge designates the patient's part in the catastrophe as "contributory negligence," and dismisses the case.

Finally, the profession should be reminded that, in the absence of an emergency in which immediate action is necessary to preserve a person's life or health, a dentist who has been instructed to perform only certain services must not, without the patient's consent, proceed to do additional or different treatments. If he does, the law considers him guilty of a technical assault, and he is likely to be mulcted in damages at the suit of his patient. Of course, if the patient says, "Do whatever you think best," or anything to that effect, all bars are then down.

What, then, is the charted road to safety in a professional field

where many hazards lie in wait? Do's and don'ts cannot be given with certainty that they will prevent lawsuits or ward off damage judgments. A few suggestions can be made as reminders.

When mishaps occur, be circumspect about withholding the facts from your patients. It looks bad to a jury if it is made to appear that you have concealed something.

It is unwise to promise too much in the way of a cure or good results.

Do nothing except that to which

the patient has agreed in advance.

The prudent dentist will carry malpractice insurance, which may be a lifesaver in case of need.

The over-all adjuration can be given only in the most general terms. It is this: Exercise reasonable skill and judgment in your practice; be reasonably careful; be reasonably diligent. The law requires this much of you, but no more. It does not expect you to be perfect.

527 Summit Avenue
Hagerstown, Maryland

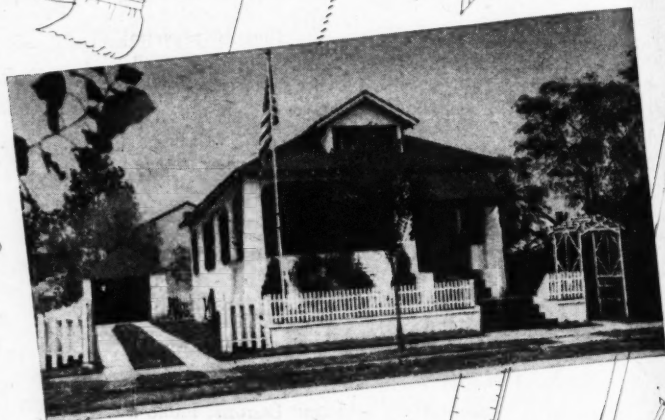
DENTAL TECHNICIANS WANT TO PRACTICE DENTISTRY

THE NEW Zealand Dental Technicians' Union has presented a petition to the House of Representatives asking it to amend the Dentists' Act to permit qualified technicians to give dental treatment direct to the public. The Union's plan for treatment provides for the establishment of a government-supervised board that would register technicians of ability and experience, permitting them to take impressions, make and fit dentures, and enter into partnership with dental surgeons.

The opinion was expressed in the petition that because of the limited number of dentists in New Zealand, and the rigid restrictions of the Dentists' Act, any plan to furnish free dental service under the government-proposed Social Security Act would be impossible. The Union believes that the public would derive advantages under its plan because, in their opinion, dentures would be made with more careful and individual attention than they are at present, and at a much more reasonable cost.

The petition was referred to the Public Health Committee.—*New Zealand Herald*.

Have You A Hobby?



... Better Get One!

**By NEWMAN D. WINKLER,
D.D.S.**

IN A RECENT survey made by ORAL HYGIENE on occupational diseases among dentists, 81.2 per cent of those queried agreed that regular exercise is a major factor in lessening ailments resulting from dental practice.¹ Most of us "old-timers" either get "secretary's spread" from sitting at our desks, or "right-foot rheumatism" from

standing on one foot at the chair most of the day. We get eyestrain from inadequate lighting, postural defects from constantly bending over the patient, and fallen arches from continuous standing.

We develop "bay windows" from lack of physical exercise and indoor pallor from lack of sunshine. Fresh air is one item completely lacking during the working day. To prevent and offset these conditions, the professional man confined indoors should seek

¹Billor, F. E.: The Occupational Hazards of Dental Practice, ORAL HYGIENE 36:1194 (July) 1946.

A dentist tells how his hobby lessens the occupational hazards of his dental practice.

a stimulating outdoor hobby.

How do you develop a suitable outdoor hobby? I found golf to be a little too strenuous on the muscles of the legs. The busy practitioner probably walks an average of seventy-two holes a day between operating rooms. I found tennis, at 40, to be much too vigorous. Horseback riding exercises the horse and leaves some important muscles of the rider with a severe ache. Because of the confining nature of our professional activities, we must find a way to obtain outdoor exercise that is not only relaxing but also diverting and interesting.

The purchase of a six-room stucco bungalow at the seashore solved this problem for me. At the beginning, I must admit, I lost much sleep planning the various changes and alterations to be made. I visualized a picturesque white bungalow, with a trim white picket fence enclosing shrubbery,

flowers, and trees. What I had to start with, however, was a far cry from this. The grass was overgrown, trees were rooted beneath the house, and string beans were growing up the front porch. But even the expectations of the completed property had beneficial effects because they kept me from thinking of the office and patients after office hours. When I thought



1943



Doctor Winkler and his family.

The six-room stucco bungalow before alterations. On the opposite page is pictured the results of Doctor Winkler's hobby.

about the work necessary to accomplish the many changes needed, I felt that I did not have the physical stamina to accomplish the task alone. I decided I would learn more at the beginning by observation and careful scrutiny.

Light Exercise

At first my activities were confined to making small flower boxes, doing a little light gardening, and other odd jobs that did not entail too much physical exertion. These soon multiplied to other small tasks. I found carpentry to be sufficiently fascinating to keep my mind and hands busy and away from dentistry. Even during the winter months there was so much repair work to do on my "day off" that the hours flew by, and each week I was planning my next week's program.

Then came spring and that white picket fence that I had been visualizing. It took thoughtful planning for unusual design, for stresses and strain, for encircling 40 by 100 feet. This was finally accomplished without too much exertion and with some help. One thing led to another—driveway gates, entrance gate, and a rose arbor. Here again much planning was necessary. Ingenuity was required to develop an intricate design which would blend with the house and grounds.

The next step was landscaping. Again the careful planning, shopping, and acquiring the knowledge of how to plant things that

grow into beautiful trees and flowers. Splashes of color provided by nature, carpet lawn, perennial trees and flowers to add charm to the picture.

Then we thought of outdoor comfort. How about a patio designed for outdoor ease and relaxation, combined with a play yard for the children? Sandboxes, swings, garden furniture. Originality was required here for the rustic touch. The patio was built of varicolored slate cemented in a great circular design, with good drainage strategically placed. Little brick pathways were built to lead off to the play yard, the rear door, and to the outdoor grill.

We thought about charcoal-broiled steaks (when we can get them), and sizzling frankfurters. How could we build an outdoor grill? Small or large? What design? How could we get a good draft? Could I do bricklaying without ruining my hands? We decided we would try. Cement, sand, bricks, cement blocks were collected. Plans were drawn and revised. The foundation and the firebox began to take shape. Finally it was completed, and it looked like a masterpiece. But would it work? With pride we cooked the first hamburgers—and it worked!

The house was painted white, and was waterproofed. A white flagpole was added to our picture. Our dreams became reality.

I had not one thought of dentistry and dentures on my "days off." The "bay window" is notice-

ably disappearing. Patients remark on the healthy glow of my appearance.

We still visualize other improvements, other items for more comfort, other things to accomplish, always with the accent on outdoors and exercise. Do we tire of this? No—because during the cold winter we plan again for the coming of spring and summer. All

physical well-being and to good health. Our patients see the results of good living and healthful existence about which we so often preach.

Call it "gentleman's exercise," call it "diversion." I call it relaxation from dentistry—my summer home—*my hobby!*

2488 Grand Concourse
New York 58, New York

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers To Quiz XXVI

(See page 1925 for questions)

1. All. (Oliver, O. A.: Rationale of Labiolingual Appliances in Present Day Orthodontic Treatment, *Am. J. Orthodont.* 31:381-390 [August] 1945).
2. (b) three times greater. (Gresham, A. H.: Manipulation of Filling Materials, *New Zealand Dental Journal*, 41:52-55 [April] 1945).
3. (c) 2000:l. (Kauffmann, J. H.: Prophylactic Odontotomy: Effective Procedure for Diminishing Prevalence of Dental Caries, *N.Y.J.D.* 15:56-59 [February] 1945).
4. Secondary dentine is a protective reaction and pulp calcifications are distinctively degenerative in character. (Hill, T. J.: *Oral Pathology*, Lea & Febiger, 3rd Edition, 1945, page 227).
5. No. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 41).
6. (b) the enamel formative organ. (Hill, T. J.: *Oral Pathology*, Lea & Febiger, 3rd Edition, 1945, page 101).
7. (a) 4000. (Masuda, B. J.: Cancer of the Oral Mucosa and Circumoral Area, *Am. J. Orthodont. and Surgery*, 31:730 [December] 1945).
8. (b) high. (Anthony, L. P.: *The American Textbook of Prosthetic Dentistry*, Lea & Febiger, 7th Edition, 1942, page 41).
9. (b) one-half. (Mustermann, H. W.: *Principles and Practice of X-Ray Technic and Interpretation*, Dental Items of Interest Publishing Company, 1945, page 8).
10. (a) increase. (Anthony, L. P.: *The American Textbook of Prosthetic Dentistry*, Lea & Febiger, 3rd Edition, 1945, page 55).



Dentists in the News

Joplin (Missouri) Globe: Forty-two years ago Doctor W. W. Woods, Jasper dentist who was then just out of dental college, stamped his name and address on a quarter and put it in circulation. For nearly forty-two years he heard nothing about the coin from anyone who might have handled it.

Then, recently, he received a letter from F. S. Francouer, a Kankakee, Illinois, bellhop, who said he had received the quarter. He sent it to Doctor Woods. The inscription has worn off on one side, but on the other side it is clearly legible.

"Now that it has finally returned," Doctor Woods says, "I think I'll just keep it. I'm afraid I might not be around to wait for it to complete another forty-year journey."

Honolulu (Hawaii) Star-Bulletin: Commercial poultry raising is the vocation that one dentist found to be as profitable and enjoyable as dentistry when a serious eye condition forced him to give up his practice. He is Doctor Denichi Kawahigashi who changed from a successful Honolulu dentist to a successful commercial chicken raiser in eight months.

One of Doctor Kawahigashi's dental patients who is an assistant county agent convinced the dentist that poultry raising could be as enjoyable as dentistry and easier on the eyes. The patient was right in both respects.

The new chicken farm at present is in the expanding stage. Two thousand chickens and two pens of turkeys are

housed in the most modern open-air breeding pens and laying batteries.

Doctor Kawahigashi is especially



proud of his prize egg-laying hen. She has a record of producing 324 eggs in a year compared to a territorial average of 138. This hen will be used as breeding stock to provide additional high-producers in the flock.

Louisville (Kentucky) Courier-Journal: The chief problem of Doctor G. M. Stafford of Paintsville, Kentucky, is finding time to devote as many hours as he would like to his diversified interests—dentistry, big-game hunting, and furniture making. To help solve this problem, he manages to take care of his many dental patients three days a week so he can devote the other days to his varied interests.

Both Doctor Stafford's home and his office reflect the activities of his busy life. On the walls of his office are mounted heads of deer and antelope. In one corner stands a stuffed deer with a wild cat at its side. In his home three mounted moose heads hang on the wall of his front porch. A bear cub, hand-

somely stuffed, stands in a corner of the porch.

In the living room of his home is an exquisitely inlaid chest which Doctor Stafford made. The gate-leg dining room table is also his work, as is the cherry bed in the dentist's bedroom.

Doctor Stafford has been going big-game hunting every year since 1920 except last year. In describing his hunting trips for moose he said, "Now all this moose hunting is in Canada, near a place called Biscotasing, Ontario . . . We each have an Indian guide and we start out with all our truck—including

canoes. We carry our personal belongings and our guns. The guides take care of the rest and do the cooking . . . Takes us about three days to get to where we're going. That means about forty-five miles, eight or nine portages . . . That gives us three days to get a moose and three more days to get back."

Doctor Stafford has hunted in a variety of places. He goes to Texas and Florida for deer, Canada for moose and bear, and also for fishing. "I wanted to go to Africa once," he reported, "but my wife wouldn't let me."

This month's awards for items published in **DENTISTS IN THE NEWS** have been sent to:

S. GEORGE YOSHINA, D.D.S., Hilo, Hawaii.

MAUDE LILLIAN DAVISON, Morgan Heights, Carthage, Missouri.

NANCY HERRING, 449 Lafayette Street, Jackson, Tennessee.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

THE COVER

OUR COVER this month is dedicated to the Greater New York Dental Meeting which will be held at the Hotel Pennsylvania, New York City, December 9-13.



To build and hold public respect, we must rid the profession of the advertising dentist.

By MILTON B. ASBELL, D.D.S.

DO YOU ADVERTISE? You certainly do! The excellence of your dental service, your demeanor, the professional cards in your reception room—all of these are advertising. But, this is ethical; and, ethically speaking, we do not call it "advertising," but publicity. And publicity is ethical and is condoned by organized dentistry.

In our profession, however, are certain culprits who aim to make dentistry a business—a commercial business. It should be our aim to remove them with all the force and action that organized dentistry commands. Too long have we tolerated them, too long have they been a "canker sore" to our profession, to ourselves, and to the public.

I have in my possession a copy of *The Weekly Museum* published May 19, 1798, in which appears an advertisement placed by Doctor Greenwood, surgeon-dentist (one of our earliest practitioners in this country), in which he states that he "... performs every operation incident to the teeth and gums ... Transplants teeth 3 guineas each; grafts natural teeth from 2 to 4 dollars each; artificial teeth from 1 dollar to 2½ each; cleans and files the teeth from 1 to 3 dollars each person." And, he was ethical!

But this is 1946! Dentistry today is an art and a science; dentistry is a member of the healing faith—not the art of "heelers." During this century and a half dentistry has outgrown infantile practices such as this. The public today

respects dentistry as a dignified and ethical profession, and we must maintain and build that respect by removing any condition which alters it—namely, advertising dentists.

In the State of New Jersey we are privileged to practice as a result of the authority vested by our State government in the State Board of Registration and Examination in Dentistry. Yet it seems that this august body is powerless to rescind a dental license for a violation so flagrant that it reflects not only on the profession in this State but in the United States. Why? It appears that the State Board is empowered only to pass on an applicant's professional aptitude. What about his moral aptitude, not only during the Board's interview but throughout his professional life?

During my "tour of duty" in the Army I was assigned to a disciplinary barracks overseas, an institution which harbored men who suffered a general court-martial. One of these men was a physician who, while serving on the front lines (you may or may not attribute it to "combat fatigue"), drank too much and was subsequently court-martialed for being "drunk on duty." He was sentenced to three years at hard labor, to lose all pay and allowances due or to become due, and *lost the right and privilege to practice medicine*. A pitiful thing! The significant factor is, however, that the Federal government, a body which did not

grant him his license, deprived him of it on a charge foreign to the practice of medicine. Why then is it not possible for our State Board also to be empowered to rescind licenses of dentists who are violators of their professional code of ethics? Are not advertising dentists violating the standards of our profession as did this physician his?

What can we do about it? It is a well-established fact that these advertisers are not members of any society whether local, state, or national. We, therefore, assume that we cannot do anything because our code of ethics has jurisdiction over members of organized dentistry only. It is also known that organized dentistry has been combating this evil for many years with admirable results. But, so long as these vagrants are permitted to practice dentistry, our job is not finished. It, therefore, behooves each of us to fight this situation relentlessly through his local society and through state and national bodies. *We* are dentistry! Each of us makes up a microscopic cell of the whole body of the profession. As each of us performed his individual share of duty in these last few years to restore democracy to the world, let each of us, with the same devotion to duty, cleanse the profession of these advertising-mongers—and take this *dent* out of dentistry.

632 Federal Street
Camden, New Jersey



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

MOBILIZING A VOLUNTARY DENTAL HEALTH AGENCY

FOR MANY years before the government entered the field of health activities, voluntary agencies were undertaking the care of the sick and the underprivileged. At the present time these independent health organizations spend about \$31,000,000 a year. This money is raised by small contributions, such as those made for Christmas seals and to the March of Dimes, and also by large grants from philanthropists and foundations. The voluntary health agencies do not exist by government subsidy. Funds are raised by private donations.

The educational job done by the voluntary organization has often been outstanding. Campaigns directed toward the control of tuberculosis, heart disease, infantile paralysis, cancer, and venereal diseases have been brilliantly planned and participated in by all levels of the population. Tag days, Christmas seals, contributions of dimes, have given everyone an opportunity to contribute. Even the child who has given his penny develops the feeling of giving and of participating. Whoever gives feels that he personally and directly plays a part in the activities. This feeling of identification has important implications. It would be regrettable if impersonal government appropriations should be substituted for direct personal giving. The public will never feel a part of a health program that is entirely financed from public funds. When people do not feel a part, an important educational advantage is lost.

The critics of voluntary health agencies argue that fund raising by public contribution is too precarious and uncertain. This may be true. There are advantages, however, when an organization is required to go to the public and tell the story of its accomplishments before funds are

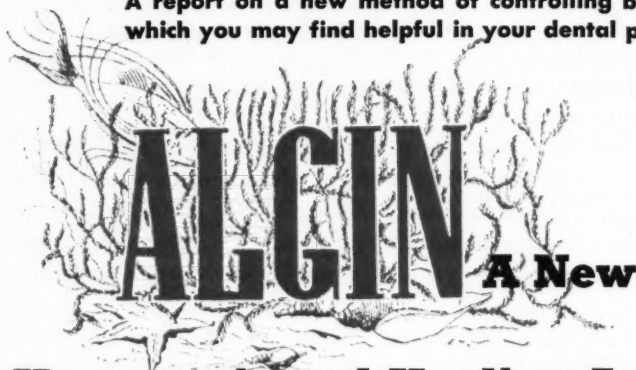
forthcoming. This keeps an agency alert and on its toes. Government-supported activities of any kind may easily become bureaucratic and insensitive to public opinion.

Dental disease probably is not dramatic enough to stimulate the public fancy to the extent of supporting a voluntary national association for the control of dental disease. Solicitation of the public for funds to support such an organization probably would be a discouraging experience. There are, however, large reservoirs of corporate funds that might be drawn upon to finance such a program. The large businesses that are built upon supplying the public with dentifrices and other dental items should be extremely anxious to encourage voluntary health agencies. When health education and care are taken over by government agencies, it is certain that the manufacturers of drugs and medical and dental supplies will feel the pinch of government decrees and regulations. It is inconceivable that free business enterprise will be maintained in a system where the distribution of health services is under government control. In a national health system the supplies and instruments used in treatment will be prescribed and priced by a governmental agency—that will include everything from dentifrices to dental burs and cements.

A well-financed and managed voluntary association to improve the dental conditions of the public should prove to the American people that an honest job was being attempted within the framework of free enterprise. Such an organization, financed by the pooling of contributions from all businesses that have a stake in the dental market, would not be a propaganda front for selling anything except dental health. Such an agency would spread the facts of dental health to all the people; it would subsidize dental research and study; it would encourage and help finance dental education. If we do not rise to voluntary action, there is nothing else in prospect except government control.

Edward J. Ryan

**A report on a new method of controlling bleeding
which you may find helpful in your dental practice.**



Hemostatic and Healing Agent

By MYRON WEISS*

FOR DENTAL impression material the American dental profession was obliged to use a new, war-born, hydrophylic colloid substance, called algin, derived from seaweeds. Algin has proved entirely satisfactory.

The intrinsic nature of algin interested one dentist—Doctor Clifton Arthur Hornbrook Smith of New York City—and soon led him to recognize a new hemostatic and (probably) detoxifying agent in its mother stuff, alginic acid.

Although known since 1883, and ever since then with misconceptions, algin did not come into use as a dental impression material until war made agar, derived from another type of seaweed, scarce.

In France an unusually able colloid chemist, Doctor Victor

Charles Emile LeGloahec, a Breton who is now in New York, had recognized algin as the sodium salt of a polyuronic acid complex of beta-d-mannuronic acid residues so linked that the carboxyl group of each unit is free while the aldehyde group is shielded by glucosidic linkages.

This sodium salt has been called alginic acid since E. C. C. Stanford first isolated it in England in 1883. He believed it to contain a nitrogen element, an error which chemistry texts and formularies continue to repeat.

Doctor LeGloahec proved that pure sodium alginate (now called algin, although previously and erroneously called alginic acid) contained no nitrogen. He isolated the pure acid, and produced many other metallic and inorganic salt.

The most useful characteristic of alginic acid and its alkali salt algin is that they coagulate in the

*Mr. Weiss, New York Consultant Editor, was formerly associate editor of *Time*.

presence of calcium. In the species of seaweed called *Laminaria*, in which algin naturally occurs, this characteristic helps heal wounds which the plants incur. When a wound develops, algin oozes to the surface, meets calcium present in the sea water, and immediately coagulates. The coagulum seals the wounds.

This coagulating characteristic of algin has become useful in the food industries to thicken milk and blood puddings and help stabilize ice creams. Milk and blood both contain calcium.

When war handicapped American dentistry by making agar and other impression materials scarce, the American Dental Association and the National Bureau of Standards initiated a cooperative research for other hydrophylic colloids. This led George R. Dickson and Irl C. Schoonover to develop and patent a process for the abundant production of algin. Theirs is now a public patent.

Algin is derived from Nova Scotian, Maine, and California seaweed, with the East Coast source the more easily processed, possibly because of the colder sea environment.

Doctor Smith, who used algin for oral impressions, is a dentist who thinks beyond his immediate tasks. He has been practicing in New York since 1919. Working with Cornell University nutritionists under the auspices of the Rockefeller Foundation, he has contributed to our knowledge of

hard tissues of the mouth¹ and of the relation of caries to age.²

This dentist used algin for impression material. Unlike most practitioners, he looked into the fundamental nature of the new substance and learned that the mother stuff coagulates by reaction with calcium in sea water, milk, and blood. He experimented and found, as he expected, that alginic acid coagulates with the calcium of human blood.

Thus Doctor Smith found a new hemostat.

In his practice he uses alginic acid in the form of a powder prepared especially for this purpose, and applies it to the bleeding points which follow extractions and minor oral surgery. Bleeding stops almost instantly. Wounds heal cleanly. Alginic acid makes an acceptable healing surface. This suggests that alginic acid has a detoxifying action.

To advise other investigators, Doctor Smith published a brief summary of his findings which concluded: "Alginic acid has been used on a series of one hundred cases . . . In no case has there been untoward reaction; healing has been unusually prompt and the control of bleeding an added comfort to both patient and operator."³

Doctor Smith's findings have been confirmed by Doctor Harry

¹Smith, C. A. H.: Hard Tissue Lesions of the Mouth, J.A.D.A. 33:214 (February 1) 1946.

²Smith, C. A. H., et al: Advanced Age in Relation to Dental Caries in White Rats, J.A.D.A. 26:1700 (October) 1939.

³Smith, C. A. H.: A New and Effective Hemostatic Agent, Science 103:634 (May 17) 1946.

Martin Weiss, of New York City, who has used the substance successfully in twenty-five cases of extractions and oral surgery.

Dentists have three general means for controlling bleeding—physical (by pressure), protein precipitation (Monsel's solution or tannic acid), and coagulation

(fibrinogen or thromboplastin). Here in alginic acid and algin, then, dentists now have another new and effective coagulating accelerator of hemostasis. It seems also to detoxify the site of injury. It certainly stimulates healing.

130 West 57th
New York 18, New York

AND SO IT IS WITH DENTISTS!

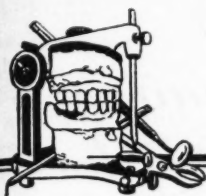
"If you want to understand the workings of the American Medical Association House of Delegates," some sage once remarked, "stand in the back of the room and look at the backs of their heads."

At San Francisco, the back-of-the-room observer saw the same grayness and baldness that he would have seen ten years earlier, a little more ravaged by time. If he closed his eyes, he heard the same voices as in 1936, a little more tired with advancing years.

A few new backs-of-heads, a few new voices, could be singled out from among the delegates. These belonged to representatives of the handful of states which have streamlined their medical societies, placing their affairs in the hands of young, vigorous men. California provides the best example of this change, with eight young delegates, no old wheel horses. Similar rejuvenation is under way in delegations from Florida, Oklahoma, Connecticut, Wisconsin, New Jersey, Arkansas, and a few other states.

I believe that these delegations come closer to the ideal of effective AMA representation than the more conservative units. Ability is being recognized, rather than age alone. The problems of American medicine are under the scrutiny of men who still practice their profession, rather than of those whose careers are on the wane. For my money, I will take the younger delegations.

I hope that the samples of more youth and pep in the House of Delegates will be converted into full orders of the same variety. The faithful oldsters should be properly recognized for their past contributions. Their burdens should be handed over to younger physicians who are closer to the daily problems of the rank-and-file physician.—Observer, California. *Medical Economics*.



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

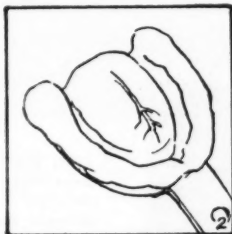
Drawings by Dorothy Sterling

Upper Impression Using an Alginate or Colloid

By LEOPOLD HIRSCH, D.D.S.



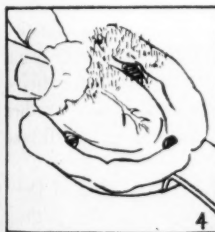
Guard against any impingement on tissue by selecting a stock tray that is large enough to allow room all over.



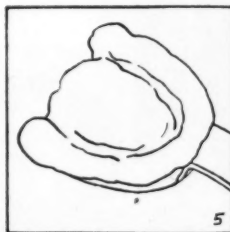
Soften yellow beeswax sheets in warm water and line the tray with the soft wax. Take snap impression, having the patient exercise cheeks and lips in the usual muscle-trimming routine.



Manipulate the soft wax to eliminate undercuts. Chill. Add several small pieces of black carding wax to the ridge of the impression to allow room for sufficient coating of colloid.



To insure the colloid's adhering to the wax, coat the wax with shellac, dry with compressed air until shellac is tacky, then pat with cotton until the surface is covered with fuzz.



Fill the cotton-coated tray with whichever alginate or colloid you prefer. Place a little of the material under the upper lip and in the palatal vault.



Seat the tray and hold in place for three minutes, having patient go through muscle-trimming routine after the first minute. Pour model in stone. Do not invert while stone is setting or impression may be distorted.

Portraits and Profiles

OF AMERICAN DENTISTS

By **HOWARD A. HARTMAN, D.D.S.**



Left: Walter H. Wright, Professor of Prosthetic Dentistry at the School of Dentistry, University of Pittsburgh, accepts the salutations of his fellow faculty members and colleagues at a testimonial dinner given in his honor upon his recent appointment as Dean of the College of Dentistry, New York University.



Right: Robert L. Humphrey, President of the Chicago Dental Society, and C. E. Bowen, Executive Director of the Alumni Association of the University of Illinois.



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Harry C. Metz, Professor of Orthodontia, School of Dentistry, University of Pittsburgh.



Lon W. Morrey, Director of Public Relations of the American Dental Association.



Below: C. R. Garman, Class of '17 of the School of Dentistry, University of Pittsburgh, at the testimonial dinner given in honor of Doctor Wright.



Allen G. Brodie, Dean of the University of Illinois College of Dentistry, discusses dental teaching problems with Louis Schour, Associate Dean.



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Loss of Suction

Q.—In looking over a past issue of ORAL HYGIENE I noticed your answer to a question on loss of suction in denture retention.

I think you overlooked the question, it being, "Would this be because of poor health?"

I should like to know that answer also. If a person is constantly losing weight, are there changes in the mouth? —L.A.K., Ohio.

A.—Without doubt the state of health is a factor governing the stability of dentures, and it is logical to assume that the loss of weight in the entire body may be manifest in the mouth also.—V. CLYDE SMEDLEY.

Impression Technique

Q.—I should appreciate your advice with regard to a good impression technique for immediate full dentures.—M.M.G., New York.

A.—I use alginate powder and water for my immediate denture impressions. Any hydrocolloid impression material can be used equally well.

I prefer an impression that does not compress or displace tissue. I fill in and build up the tray with utility wax where necessary to confine the impression material. After filling the tray I carry some of the

impression material with a spatula and a finger into high palate and buccal areas to eliminate air pockets before inserting tray.—V. CLYDE SMEDLEY.

Burning Sensation

Q.—I have a patient, a woman about sixty, in good health, who had all of her teeth removed three years ago. After the last extractions she returned to her dentist thinking she had Vincent's infection. She described a burning, raw feeling in the anterior portion of the jaws and lips. In the last three years she has had a number of medical examinations.

The burning sensation has not improved with time; it is bilateral in the cuspid and incisal areas of both jaws, both lips, and the anterior third of both sides of the tongue. The mucous membrane of this area feels dry and rough. The lips are dry and somewhat parched. The palatal mucosa is thin and hard but normal in color. No deficiency is obvious. The saliva is sparse and so ropy that her dentures nauseate her. There was so little saliva when I saw her that the whole mouth was barely moist to the touch.

Her mental attitude is obviously deteriorating, and she forces herself to keep busy. I prescribed ascorbic acid but no improvement resulted. There is no pressure from the dentures as she does not wear them. The sensation began, after loss of anesthesia, immediately following the last six extractions.

I shall appreciate any diagnosis and treatment you may suggest.—R.L.B., Florida.

A.—We had a similar case. A medical examination showed a lack of hydrochloric acid in the stomach. The burning sensation was relieved when the acid was supplied.—V. CLYDE SMEDLEY.

Traumatized Tissue

Q.—Recently I extracted the remaining six lower anteriors for a patient who has a large area of what I will call hypertrophied mucosa between her lip and the labial surface of her upper denture. What shall I do with this tissue before making new dentures?—W.H.P., Pennsylvania.

A.—If you plan to have this patient wait several weeks or months after the extraction of her lower teeth before fitting her with new dentures, I would suggest that you lower the labial rim of her old misfit denture that has caused this hypertrophied tissue to develop. A roll of wax or modeling compound fitted to her old upper denture will have a tendency to mold this traumatized tissue into normal form. You can add to or renew this labial roll from time to time until the tissue is normal or near normal. Of course, it can be removed more quickly with surgery. — V. CLYDE SMEDLEY.

Tongue Irritation

Q.—I have a patient, a man 35, who has slight fissures on his tongue. Occasionally they are sore. He has been told that possibly the two different metals, amalgam and gold, in his mouth are causing them. The restorations are in excellent condition, smooth and polished, and I hesitate to remove the amalgam. He is a pipe smoker.

Could the presence of these metals cause this condition? His general health is fine.—C.H.P., Pennsylvania.

A.—We have measured the possible electric currents in the mouth when metals of different electric potentials are present, and recordings were so low that we feel there is nothing to the idea of irritating electric currents in the mouth because of amalgam and gold being present.

I have seen many cases of irritation and leukoplakia in the mouth from the use of tobacco, and especially from smoking a pipe.—GEORGE R. WARNER.

Dry Socket

Q.—Is there any effective treatment for a dry socket?—L. X. F., New York.

A.—As a preventive measure for a dry socket, give a thorough prophylaxis a few days preceding extraction. During the time of extraction keep the mouth fluids from entering the socket, and immediately following extraction have the patient close his jaws on a piece of sterile gauze for about five minutes. No mouthwash should be used for at least twelve hours, and sucking or spitting should be avoided. An ice bag should be applied to the side of the face immediately for two or more hours.

In treatment of the wound following extraction, we suggest that the socket be dried thoroughly and closely inspected for loose particles of bone, tooth fragments, or retained granulomas. Remove any sharp edges of bone and reduce the septal crests in selected cases. If the buccal plate is fractured, watch for retained fragments or poorly supported bone that might slough later.

If the blood clot breaks down, we find a sedative cement pack the most effective means of relieving pain and promoting normal granulation. We mix with the sedative cement a small amount of vaseline or lanolin and enough cotton to fill the socket loosely. This pack may be left in place from three to seven days, at which time a new and smaller pack may be placed. The second pack usually fills in the socket sufficiently so that no further packing is necessary.—V. CLYDE SMEDLEY.

Imbedded Bicuspid

Q.—I am enclosing roentgenograms of a 12-year-old patient's teeth. The deciduous molar on the left side was removed a year ago. Since the lower bicuspid has not erupted, I roentgenographed them before extracting the right molar. Do you think the bicuspid will erupt?—B. W. K., Iowa.

A.—I have consulted an orthodontist in regard to your 12-year-old patient with retarded erupting lower bicuspid. He says you should extract the remaining deciduous molar at once, lay open the gingivae, and remove all the bone from above the crowns of the imbedded bicuspid. He thinks they will then erupt promptly, but if they do not, space retainers should be made and worn to maintain sufficient space for them when they do erupt.

Make sure that the patient's diet contains sufficient milk, whole wheat, and other foods rich in calcium, phosphorus, and other essential elements.—V. CLYDE SMEDLEY.

Disfigured Centrals

Q.—I have a patient, a young woman 21, who is interested in becoming an

airline stewardess. She was refused a position until the two white disfiguring "blotches" across the labial aspects of both centrals were corrected. She was told to have them "capped."

The areas are not carious. The young woman does not mind having acrylic jackets, but I am wondering if there is not a less drastic method of coping with the situation.—H. S. S., Nebraska.

A.—Unless the entire labial surface is involved in the white "blotches," I should think cutting the spots out and replacing them with tooth-colored silicate restorations or acrylic or porcelain inlays might serve the purpose nicely and less radically than jacket crowning.—V. CLYDE SMEDLEY.

Thumb-Sucking

Q.—I have a patient, a girl 6 years of age, who is a chronic thumb and finger sucker. The child's parents are becoming alarmed because of the disfigurement of the child's upper anterior teeth and the fact that it is likely to be embarrassing to the child in school.

They have tried every known remedy, medicaments on the fingers, adhesive tape on the thumbs and fingers, but to no avail. She will use any of the fingers on either hand. This has become a trying situation, and I should appreciate any suggestions that you have to offer.—E. J. S., Idaho.

A.—If the child of whom you write wants to overcome the habit of thumb and finger sucking and will cooperate, she can do so. To prevent her getting her hands to her mouth after she falls asleep, cylinders can be slipped over her arms and fastened behind her neck so that they will not come off and so the elbows cannot bend. We will assume that she is determined not to put her hands to her mouth during her waking hours, but that at first she will do it without being aware of it. To remind her of what she is doing, she can have an in-

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Justi-facts

58

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444. Let us understand this co-polymer versus straight polymer acrylic
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445. An acrylic resin co-polymer is used for one reason only — ease of
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446. It definitely does not:—

- A. Decrease water absorption.
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449. Now we've seen everything! A man came in to see us. His dentist
had placed a MUCO-SEAL lower and for one week neither had been
able to get it out. And it was perfectly comfortable!

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conspicuous, bad-tasting drug put on her fingers and thumbs. This plan of treatment has been successful with other patients, and I am sure it will be with yours.—
GEORGE R. WARNER.

Diet During Pregnancy

Q.—Will you please suggest a diet that will be beneficial to a three-months-pregnant woman?—**T. G. P., Georgia.**

A.—The regular physician or obstetrician in charge of the three-months-pregnant woman should first determine if the woman is in normal health. If she is, the diet should be that of a normal, healthy person—a well-balanced diet. At this time no special addition to a well-balanced diet is required.

Later, the intake of calcium has to be increased, preferably by increasing the consumption of milk. During the last three months of the pregnancy; from a quart to a quart and a half of milk, or its equivalent, should be taken each day.—**GEORGE R. WARNER.**

Stridor Dentium

Q.—A patient of mine, a young woman about twenty-five years of age, has developed the habit of gritting her teeth during her sleep.

Her teeth and gingivae are in good condition. There is no malocclusion. This habit, however, has caused her teeth to become sore and sensitive.

Is there any kind of an appliance that can be made to be worn at night that would prevent this habit? If there is, I should appreciate any advice you could give me concerning the technique for constructing it.—**C. L. D., California.**

A.—Grinding and gritting the teeth at night, known as stridor dentium, is not an uncommon affliction. A physician should ex-

amine the patient carefully for all possible activating causes such as disturbances of the gastro-intestinal tract and nervous system.

For local treatment of the condition it has been our plan to make a vulcanite splint that would snap over the teeth of the upper jaw, covering all the teeth. This splint should be in good occlusion with the lower teeth, but the surface that occludes with the lower teeth should be perfectly smooth. The patient then can slide the lower teeth around on this splint without injuring the teeth or without making any noise. In some cases the patients lose the habit of grinding their teeth at night, and the splint is no longer necessary.

Some authorities advise a splint of rubber. The lower teeth fit into the splint and the splint clips over the other teeth. This prevents any lateral movement of the lower jaw. I do not know how successful this would be, but it does not appeal to me as being as practical as the other type of splint.—**V. CLYDE SMEDLEY.**

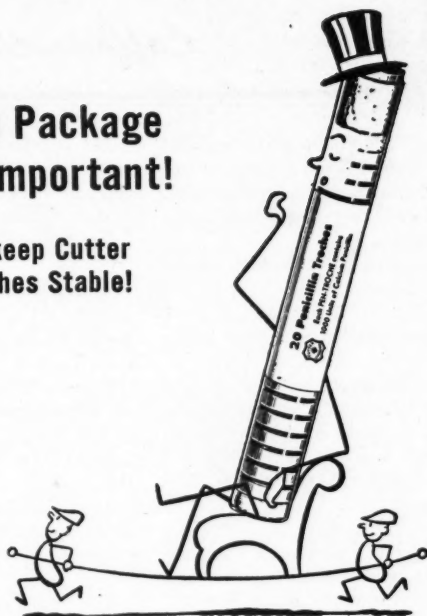
Infant's Teeth

Q.—My daughter is 11 months old. She has nine teeth. Would you advise brushing her teeth now, or waiting until she is older?—**C. A. L., Massachusetts.**

A.—There is nothing to be gained by brushing an 11-months-old infant's teeth. I do think it is wise to start using a soft brush at about two years of age, more to train the child than for any actual benefit to the teeth or mouth. If a child is on a proper diet, there will be almost no detritus on the teeth at this age and little tendency to caries.—
GEORGE R. WARNER.

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Water—even atmospheric moisture—is “poison” to penicillin stability.

That's why you'll find Pen-Troches available only in sealed, moisture-proof vials, never in bulk. Massed without water, they're also sealed against water. And prescribed in the original convenient vial, they reach your patients fully potent.

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Laffodontia

He gazed admiringly at the beautiful but extremely revealing dress of the leading chorine in a rather risqué show.

"Who made her dress?" he asked his companion.

"I'm not sure, but I think it was the police."

★

An agent knocked at a door in the suburbs.

"I have something here," he said to the man of the house, "which will make you popular, make your life happier, and bring you a host of new friends."

"Good," replied Green quickly, "I'll take a quart."

★

Pvt.: "But if a man is on his hands and knees in the middle of the road, that doesn't prove he's drunk, does it?"

M.P.: "No, it doesn't, but you were trying to roll up the white line."

★

Dick: "Who was the smartest inventor?"

Pinky: "Thomas A. Edison. He invented the phonograph and radio so that people would stay up all night and burn his light bulbs."

★

GI: "Say, whatever happened to those old-fashioned girls who fainted when a boy kissed them?"

She: "Whatever became of the old-fashioned boys who made them faint?"

★

She: "Your heart is beating like a drum."

He: "Sure, it's the call to arms."

Did you hear about the young man and girl who were looking at beautiful rings in a jewelry store window:

She: "I wish I had a ring."

He: "Ding dong."

★

Stenographer (to friend during lunch period): "I have just left the beauty parlor. Would you believe it, I was there three hours?"

Friend: "Wasn't it too bad you didn't get waited on?"

★

Cook: "I'm leavin' in exactly three minutes."

Mrs. Timothy: "Then put the eggs on to boil, and we'll have them right for once."

★

The young medical lieutenant walked past the ward each morning. In the yard one of the inmates was always going through all the motions of winding up and pitching an imaginary ball.

One of his friends finally asked: "Why do you stop each morning and watch that screwball go through his act?"

"Well," he answered, "if things keep going the way they are, I'll be in there some day catching for that guy and I want to get onto his curves."

★

Husband: "If I'm unable to get home this evening, I'll send you a note."

Wife: "Never mind, I found it in your pocket last night."

★

Women are fools to marry but what else can a man marry?



"MY PET PATIENT," says Dr. P. H. L.,
 "is a bobby soxer who grabs my phone when
 she enters the office and spends 40 minutes
 checking up on the local wolves.

"However, the younger set is hep to what's
 new. While rinsing her mouth I told her
 about the foaming detergent solution that
 rapidly kills most bacteria common to the
 oral cavity, and yet is safe for everyday oral
 hygiene. She replied,

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 has a delightful flavor."**

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Don't let your patients fall into the easy habit of "skip-ping" foods that give teeth and gums their needed daily exercise!

Eating Nabisco Shredded Wheat—at least once a day—is the easiest way to get patients to do their *functional chewing*. For Nabisco Shredded Wheat is so crunchy-delicious, so full of the good *natural* whole-wheat flavor,

patients really love it . . . young and old!

And it's just as good for them as a bowl of hot cereal, without the bother!

For fun, flavor, and *functional chewing*, get your patients eating Nabisco Shredded Wheat, the original Niagara Falls product, every day.



Publicity that will help you, Doctor!



On the radio—the 35,000,000 listeners of the Bob Hope Show are counseled, "See your dentist twice a year!" This slogan, originated by Pepsodent 18 years ago, is always featured on the No. 1 program of the air.

In magazines—Pepsodent ads give a prominent place to the slogan "See your dentist twice a year!"

In Sunday newspapers—with ads reaching 62,000,000 people, Pepsodent tells the story of modern dental accomplishments in straightening teeth, recapping defective teeth, fitting bridges . . . urges your patients to seek professional care!

Through the years—Pepsodent has sought to serve the dental profession and the public . . . convinced that its own progress is linked with the dental welfare of the nation.

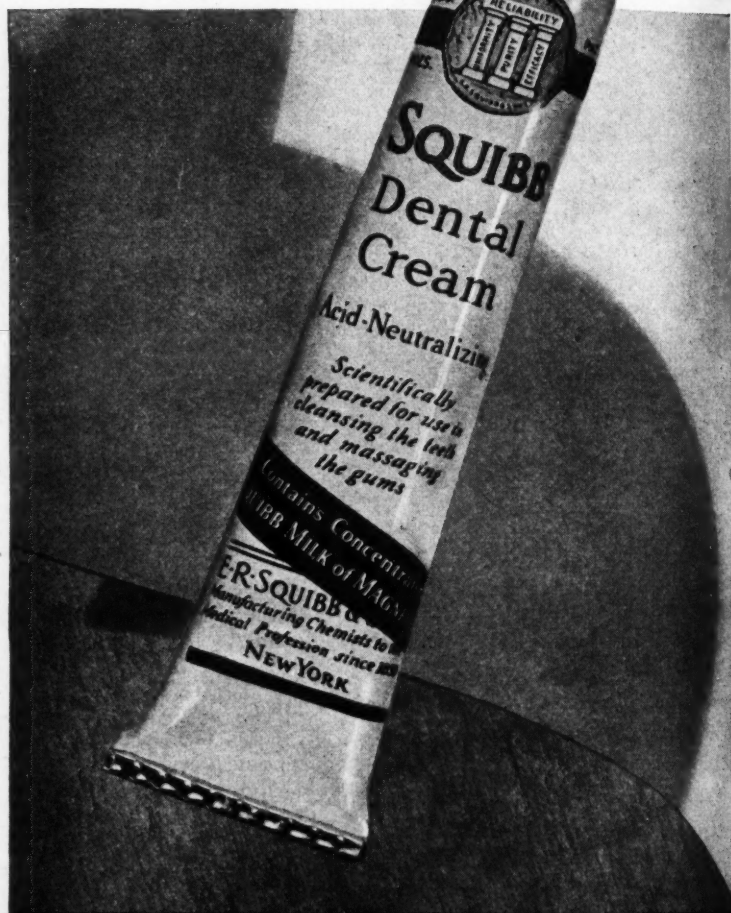
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PEPSODENT TOOTH PASTE
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- Made with Squibb Milk of Magnesia . . . helps to clean teeth safely and pleasantly . . . tones and refreshes the mouth hygienically.



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**"YOU CAN'T BEAT
THESE FOR REAL
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• Ready for use and low in cost, J & J Professional Towels save you not only the initial expense of buying cloth towels, but the bother and expense of sending them out for laundering.

Patients prefer these soft, sanitary towels, and they solve the problem of what to give the patient to take home after extractions. Useful for many other purposes in the office—as napkins or wipes, for cleansing and polishing equipment and instruments. Order from your dealer.

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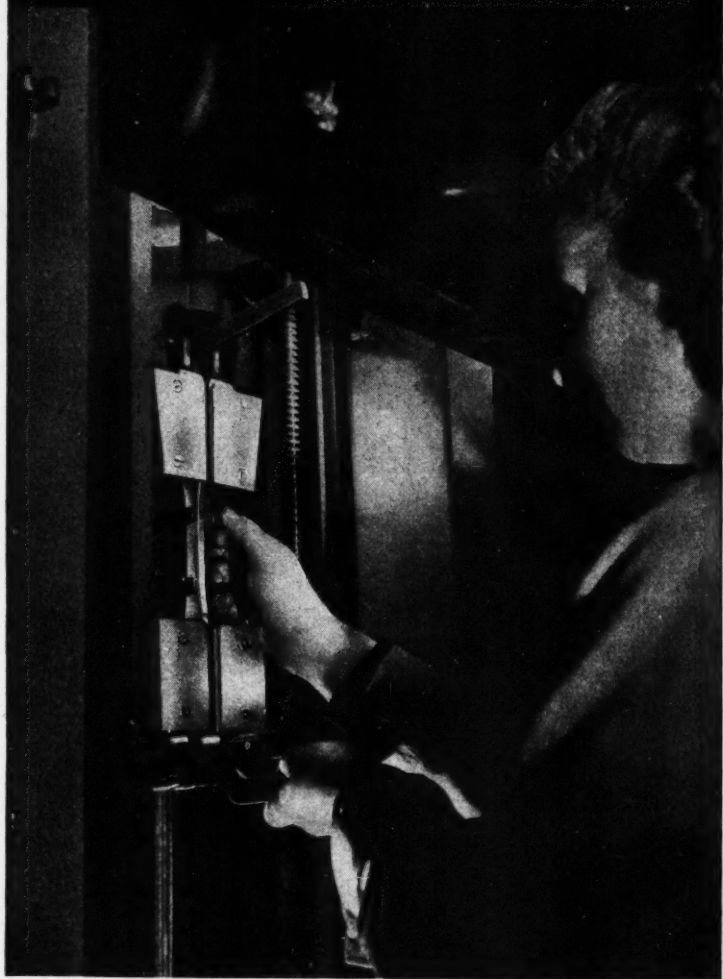
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"Jaws"... for better dentures

Samples of "Lucitone" are stretched in these mighty mechanical "jaws"—another severe test which measures tensile strength, makes certain that dentures won't stretch out of shape in biting and chewing.

Many ingenious machines are used to torture samples of "Lucitone." Stretching, grinding, hitting and bending the sample . . . to make sure you'll always get that same dependability and the satisfaction of your patients which you have come to expect from every denture . . . when you specify Du Pont "Lucitone."

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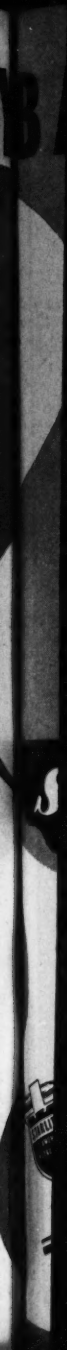
"TAGSEAL"

When we decided to be the first to make Diamond Instruments in America for America's dentists, we literally scoured the world for production techniques.

When we found and applied these techniques (still one of the most carefully guarded processes in dental manufacturing), we knew we had an engineering triumph on our hands.

When dentists began to use STARLITE *Diamond Instruments*, they knew they had the equal, if not the superior, of any diamond instruments previously imported.

Since then, there have been gradual, yet significant improvements . . . STARLITE *Diamond Instruments* are now considered the standard of excellence by thousands of dentists . . . They are the largest selling make in America, and exported throughout the world. . . They deserved —POSITIVE IDENTIFICATION—THE "STARLITE TAGSEAL."



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BACK OF THE

USE-SATISFACTION KEY TO POPULARITY

As a means to an end—achieving better results in less time, with less effort and with less tension for you and your patients —STARLITE Diamond Instruments have proved superlatively effective.

But this use-satisfaction is the direct result of combining production skill with top-grade South African diamond bort in a way that enables us to UNCONDITIONALLY GUARANTEE every STARLITE Diamond Instrument against mechanical imperfection.

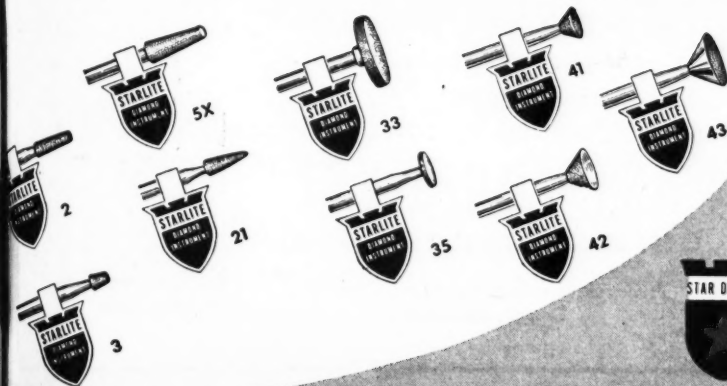
The "STARLITE TAGSEAL" is your symbol of that guarantee, but the use-satisfaction of STARLITE Diamond Instruments is what has made them—

THE INSTRUMENTS OF THE PROFESSIONAL PERFECTIONIST

STAR DENTAL

MFG. CO., INC.

58th & MARKET STREETS • PHILADELPHIA 39, PENNA



Temporary Assistance

BEFORE A CHILD is able to walk by himself, he needs the guiding hand of his mother. • The new denture wearer may need help, too! By providing a resilient cushion and by strengthening the seal between dentures and gums, WERNET'S POWDER gives helpful assistance until, by proper muscular control and tissue adaptation, the patient is able to retain and use his dentures comfortably and efficiently.



WERNET'S POWDER
INSURES DENTURE STABILITY AND RETENTION



Free Supply
on Request

WOMEN'S NATIONAL UNION, INC.
170 EAST 42ND ST.
NEW YORK 17, N.Y.
U.S.A.

... Hue-lon Helps Delaware

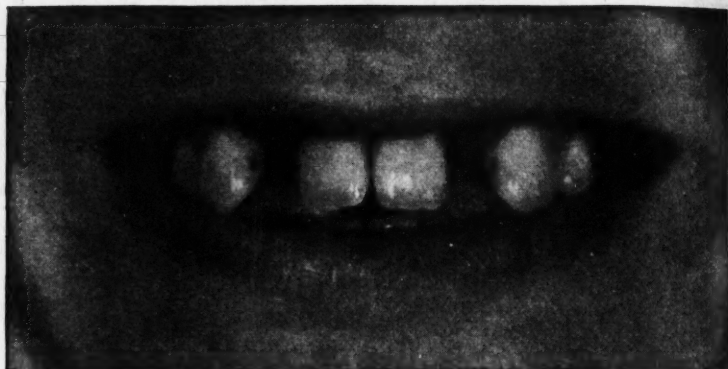


Photo showing patient before restoration was made. The second bicuspid, first and second molars and laterals were to be replaced. The close bite presented a complicated problem.

Here was a real problem. A restoration, in this case, called not only for true esthetic naturalness, but also for unusual rigidity, toughness, surface hardness and complete compatibility with gum tissues.

By specifying that the replacement be made with Hue-lon, the dentist who handled this case successfully filled every requirement.

Hue-lon is tough. Its hard surface resists scratching. Hue-lon does not bend under the stress of mastication, does not irritate oral tissues. And, in the mouth, Hue-lon's permanent colors are so natural, so completely life-like that a Hue-lon restoration cannot be distinguished from natural teeth.

Specify Hue-lon to your laboratory for your next crown or bridge case. Use it yourself, in your own office, for inlays. Hue-lon's true-tooth identity and consistently fine results assure satisfied patients.

Dentist Make This Restoration

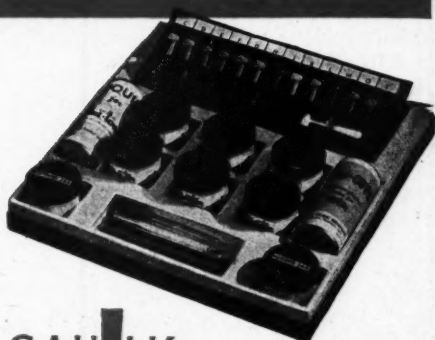


The restoration completed. The anterior teeth were replaced without covering the anterior palatal area through the use of HUE-LON attached to connecting bar of lingual continuous clasp. Stabilizing arms were attached in cuspid area for rigidity and support.

INLAY PACKAGE

- 6 Q.P. Hue-lon Powders
- 1 H.P. Bottle Hue-lon Liquid
- 1 Hue-lon Shade Guide
- 1 H.P. Bottle Plascote
- 2 Sticks Inlay Wax
- 1 Stick Sticky Wax
- 1 Powder Measure
- 1 Liquid Dropper
- 2 Mixing Jars
- 1 Preparation for Class II Inlay
(Mounted on Pedestal)

PRICE COMPLETE \$13.75



FOR CROWNS

CAULK
Hue-lon
TRADE MARK



FOR INLAYS



FOR BRIDGES

FOR MODERN MATERIALS ... CALL ON *Caulk* MILFORD, DELAWARE

DON'T JUST TALK ABOUT FLUORINE

**... use it in
daily practice!**

DESENSITO is an abundant for hypersensitive enamel and dentin. It is a new type of desensitizer that effectively desensitizes gingival areas which are painful when stimulated by sweets, heat or cold, or by the toothbrush. Will not stain the teeth or irritate the gingival tissue. Treatments last from 3 months to a year.

Order through your dealer, or direct from us. Send coupon for literature.

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312 Balter Bldg.
New Orleans 12, La.

Please send literature.

Dr.

Address

City

LANG ELASTIC IMPRESSION POWDER



ACCURACY

MOVEMENT OF LESS THAN
1/1,000THS OF AN INCH PER INCH.
ON ALL BATCHES TESTED.

WORKING TIME

Ample working time made available for correct mixing, packing into tray, smoothing with wet fingers, and inserting tray in patient's mouth.

SMOOTH MODELS

Models poured into Lang Elastic Impressions are clean cut, extremely smooth, and ACCURATE.

ECONOMY

THERE ARE EIGHTEEN (18) FULL
UNITS IN EACH BOX.

Priced @ \$4.50 per box, of 18 FULL
UNITS. 3 boxes @ \$12.75.

Sold Only by Authorized Dealers.

**LANG DENTAL
MANUFACTURING CO.**

**828 MONTROSE AVENUE
CHICAGO 13, ILL.**

Other Lang Products:

White Beauty Alloy.

Lang Dental Crown, Bridge & Inlay Cement.

Lang Acrylic Denture Material (All Certified to
A.D.A.)

Lang Everlasting Reliner.

**"Is
that all,
Doctor?"**



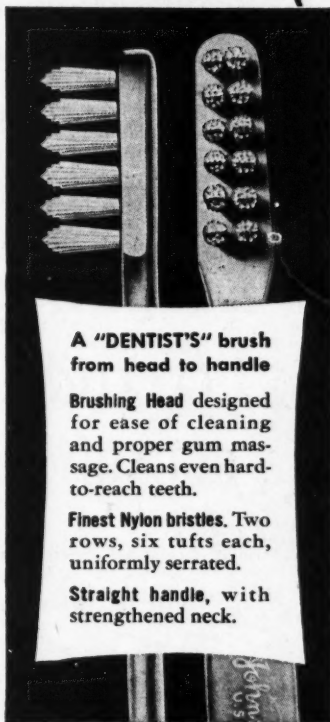
When a patient gets up from the chair, too often he says, "Well, that's that"—and thinks he can forget about his teeth now. You know, however, that he must supplement your skillful work with daily care on his own part. The Tek Professional tooth brush is designed to help him do this. As shown in the picture on the right, Tek is made to exacting professional requirements.

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Tek

Professional

TOOTH BRUSH



**A "DENTIST'S" brush
from head to handle**

Brushing Head designed for ease of cleaning and proper gum massage. Cleans even hard-to-reach teeth.

Finest Nylon bristles. Two rows, six tufts each, uniformly serrated.

Straight handle, with strengthened neck.

DON'T JUST TALK ABOUT FLUORINE

**... use it in
daily practice!**

DESENSITO is an abundant for hypersensitive enamel and dentin. It is a new type of desensitizer that effectively desensitizes gingival areas which are painful when stimulated by sweets, heat or cold, or by the toothbrush. Will not stain the teeth or irritate the gingival tissue. Treatments last from 3 months to a year.

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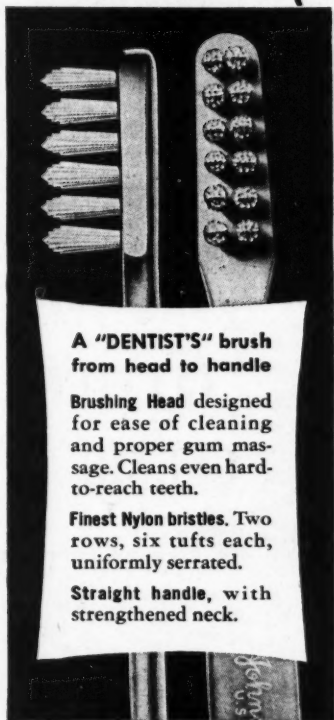
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Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Tek
Professional
TOOTH BRUSH



**A "DENTIST'S" brush
from head to handle**

Brushing Head designed for ease of cleaning and proper gum massage. Cleans even hard-to-reach teeth.

Finest Nylon bristles. Two rows, six tufts each, uniformly serrated.

Straight handle, with strengthened neck.

WHY A SOLDERING MACHINE WITH A MODEL HOLDER?

Why? Because this revolutionary model holder—asked for by dentists—performs four vital functions to save you time, improve your workmanship: It (1) holds the model steady, (2) provides security of appliance, (3) gives a ground contact, (4) leaves one hand free. Other soldering machine features: Handy foot control, heat control rheostat with approximately 30 heats; will handle any dental material. Investigate this soldering machine—you'll want one in a hurry.



\$59.50
110 Volt
A. C. Only
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Steele's

PORCELAIN BITING EDGE

INTERCHANGEABLE FACINGS

- PERFECTLY NATURAL
- AMPLY STRONG AND SERVICEABLE
- READILY INTERCHANGEABLE*

Highest esthetic standards require porcelain biting edges on all anterior restorations, fixed or removable.

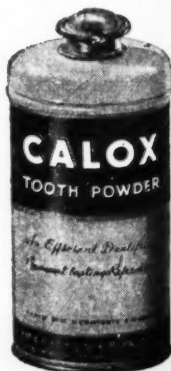


*NOTE: Steele's P. B. E. (porcelain biting edge) facings are not interchangeable unless used with Steele's P. B. E. backings with their heavy supporting flange.



From an old print—Bettman Archive

Made with 113 years
of pharmaceutical know-how
by McKesson & Robbins, Inc.,
Bridgenort, Connecticut.



when you had to have "pull" to be a dentist



Way back in the 19th Century, when dentistry was still in the "strong-arm" stage, McKesson & Robbins was already established as a reputable pharmaceutical firm.

In 113 years we've acquired plenty of know-how about the making of fine drug products...which is why, today, Calox Tooth Powder is as good a dentifrice as can be made...a gentle and efficient cleanser...an excellent polishing agent.

Calox has a pleasant, refreshing flavor, too, which encourages regular use—especially by children.

Next time a patient asks you to suggest a reliable dentifrice, we hope you'll remember Calox...because *you can recommend Calox with confidence.*

CALOX tooth powder

FIVE-PHASE ANTERIORS

provide: 1. *Varied labial surfaces* characteristic of natural teeth. 2. *Co-acting proximal contacts*—for easiest set up and transposition of laterals. 3. *Verichrome colors*—following nature's plan of controlled brilliance... **PLUS** simplified color matching. 4. *Superior porcelain*—simulating natural tooth structure in depth, refraction and translucency. 5. *Co-ordinate size system*—for easiest selection.

RESEARCH
HAS SHOWN
CONCLUSIVELY
THAT THE
"FAMILY"
SIMILARITY
OF TEETH
PERSISTS
THROUGH
GENERATIONS
AND
IS GOVERNED
BY THE
LAWS
OF
HEREDITY

★ ★ ★ ★ ★ ★ ★

$$n(DD+2DR+RR)$$

n = Number of the generation

DD = Pure dominant offspring

DR = Hybrid offspring

RR = Pure recessive offspring

UNIVERSAL DENTAL COMPANY

family tree" as a guide in tooth selection.

The Mendelian Law of Heredity is so very definite that it is expressed in the formula given on the opposite page.

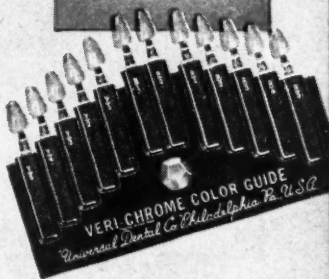
In edentulous cases where no record of the original dentition is available you can therefore rely confidently upon the science of genetics for guidance in the proper selection and arrangement of teeth.

The related dentition of a brother, sister, child or grandchild presents the most probable pattern of labial characteristics.

Five-Phase Anteriors are distinctive in that they possess the lifelike individuality of natural teeth...the only means by which all the living characteristics of the patients' teeth may be reproduced in the artificial denture.



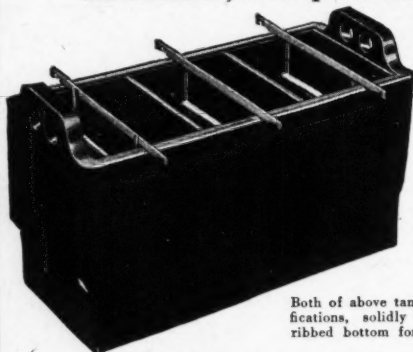
FIVE PHASE A N T E R I O R S



BE SURE TO SPECIFY WITH THE
VERI-CHROME COLOR GUIDE

3-in-1 Dental X-Ray Developing Tanks

Overall size 16" x 7" x 9" of } **SENSATIONAL**
hard rubber; 3 compartments } **NEW LOW PRICE!**



If your present tank is about "shot" . . . if you intend to get a new one even far in the future . . . it will pay you to buy this developing tank now, and store it!

In every way, "the buy of a lifetime." Easily worth \$9.95.

Sent prepaid anywhere in U.S.A., while they last, at low price of only **\$2.95** (less hangers)

If you can use a smaller tank of same quality . . . 10 1/4" x 7" x 7 3/4" high, also 3 compartments, we will ship prepaid anywhere in U.S. for only **\$1.95**

Both of above tanks were built to exacting government specifications, solidly constructed with reinforced corners and ribbed bottom for extra strength. **ORDER TO-DAY.**

The MOSTOW Co.

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AVAILABLE Again!



Beautiful New AMALGAMATOR

Will accept old style Flossy Machine allowing \$15.00 credit on a new model—\$50.00. Send for circular.

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Best Way to Clean
Between Teeth
Safely With a Bite

Clean
Economical and
Sanitary

PRICES
50c to \$50
Refill 25c

Professional
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\$1 Postpaid

Send for Circular
"New Amalgamator."
\$15.00 allowed
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The Dental Time Saver!

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There's no secret about the fast, accurate impressions dentists are making every day with this magic material. Surely CO-ORAL-ITE is the dentist time saver. Quick, easy to use; fast setting and accurate in impression making.

Ask your dealer!

CO-ORAL-ITE DENTAL MFG. CO.

Santa Monica, Calif.

SAVES PULPS

SETS
H
A
R
D



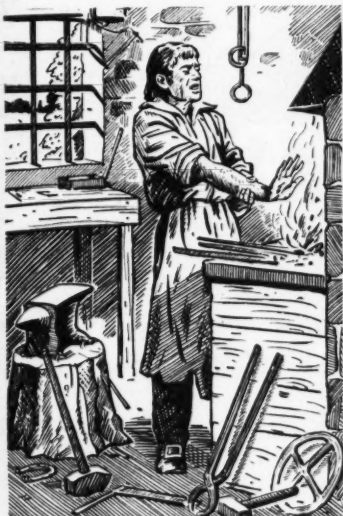
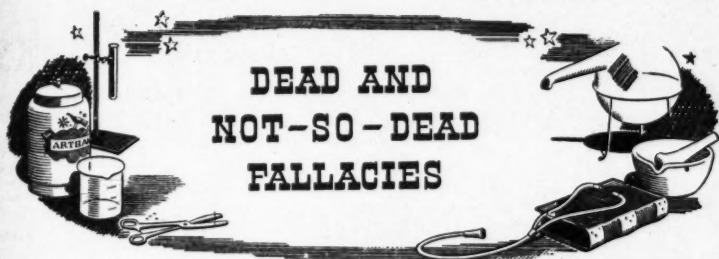
SETS
F
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S
T

• NO DISCOLORATION
• POSITIVE PROTECTION

Once used . . . always preferred

Wetherill Products Co.

AKRON
OHIO



For several generations, persons with burns thought that they were getting effective treatment if they held the injured part before a fire. This was supposed "to draw out the inflammation."



Equally unscientific is the belief of many modern folk that it is not safe to leave food in open cans. Actually, according to the U. S. Department of Agriculture, the food is just as safe in open cans—when kept cool and covered.

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NEW YORK • CHICAGO • SAN FRANCISCO

NO OTHER CONTAINER PROTECTS LIKE THE CAN

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Aristaloy

READ THESE IMPORTANT FACTS!

Aristaloy restorations have all the characteristics of cast metal.

However, to get such results, Aristaloy must be accurately proportioned with mercury. This may be done by weighing the portions or much more easily by using the Baker Adjustable Aristaloy Dispenser (supplied without charge in our #1 Demonstration Package).

Aristaloy occupies far less volume by weight than any other alloy. Therefore, do not attempt to proportion Aristaloy with any other type of dispenser nor is the Baker Adjustable Aristaloy Dispenser accurate for ordinary course grain alloys.

Aristaloy particles are selected by our special apparatus to conform to certain sizes and shapes which allow the particles to slide closer together into a more dense mass even in its unamalgamated state. That's why you get so much more Aristaloy metal into a given area. What's true in the dispenser is equally true in the tooth.

The Baker Adjustable Dispenser, complete with mortar, pestle and stand is supplied without charge in the #1 Aristaloy Demonstration Package. Your dealer carries it in stock and will be glad to supply you at once upon request.

anti-hemorrhagic
prophylaxis



before and after
exodontia

Ceanothyn

ORALLY ADMINISTERED • NON-TOXIC • ECONOMICAL

As an effective aid toward the control of excessive capillary bleeding associated with exodontia, many dentists are following this procedure:

PREOPERATIVE

Give 4 fluidrams (one tablespoonful) Ceanothyn about one hour before extraction.

POSTOPERATIVE

Give 4 fluidrams (one tablespoonful) Ceanothyn immediately following operation, repeated in 30 minutes. This same dosage may be continued when necessary at hourly intervals.

Write for sample and copy of booklet:
"Treatment of Hemorrhage"

FLINT, EATON & COMPANY
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THE DEWEY SCHOOL OF ORTHODONTIA

founded in 1911 by Martin Dewey, D.D.S., M.D.

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Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

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RECOMMENDED



Says one user, "I don't see how any dental x-ray apparatus could be built to look better or to give finer performance than your new FISCHER Cabinet Dental-X. I was gratified with the simplicity of operation." You too will be very agreeably surprised at today's modern x-ray models and the superb service they give.

Write for our large 2-color descriptive folder. No obligation.

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In order to introduce you to the efficiency, smoothness, coolness and comfort of this soft, flexible rubber polisher, we will send you one absolutely free—without obligation. Use the coupon below.

Young Dental Mfg. Co., St. Louis 8, Mo.
Gentlemen:

Without any obligation send us one of your B S POLISHERS — ABSOLUTELY FREE.

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**AFTER
57 YEARS!**

THE CAVITY SEAL STILL UNIMPAIRED!

COURTESY DR. M. B. CARTER

why that is so—(6)

Saving a tooth for 57 years is a most worthy achievement, indeed—one of which any dentist may justly feel proud. This splendid restoration is the work of Dr. T. A. Pope, Franklin, Tenn., who made it for Dr. M. B. Carter.

Needless to say, it was made of Gold Foil. Needless to say, too, there are definite reasons why Gold Foil, and only Gold Foil, can save a tooth so long.

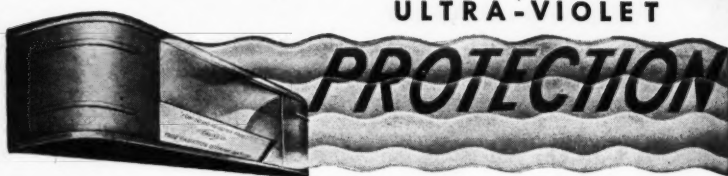
Sixth among them is that of its *Virtual Stability of Form*. Gold Foil, properly condensed, is capable of resisting change of form not merely because it is hard, but because it is *tough*. Its crushing-resistance is high, its tendency to flow-

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To receive helpful data about this wonderful material *regularly*, simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 817-21 Filbert Street, Philadelphia 7, Pa.—Established 1820.



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... for solid, lasting
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For you and your patients

A Castle "U-V" Light in your office reduces the possibility of spread of contagious disease caused by air-borne bacteria . . . minimizes the loss of man-hours due to such respiratory infections.

This scientifically designed "U-V" Light creates, well above head level, a lethal zone of ultra-violet radiation in which the majority of the bacteria, borne upwards on convection currents of air, are completely destroyed.

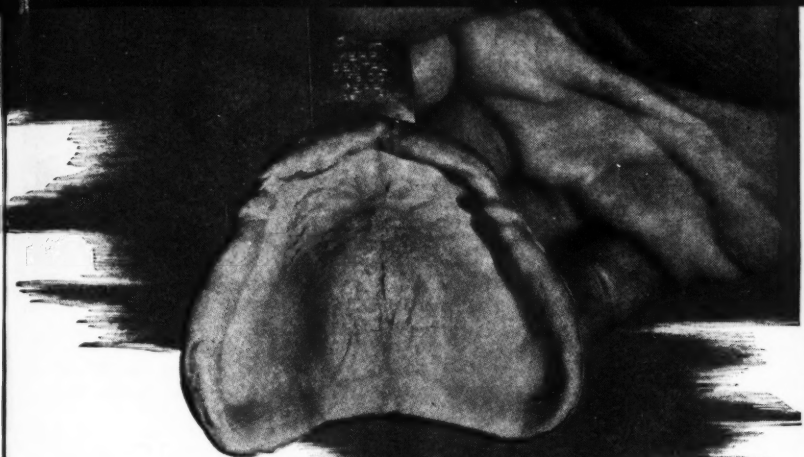
THE CASTLE "U-V" *also destroys many organic odors. It "freshens" an office or waiting room. For full details, write: Wilmot Castle Co., 1123 University Ave., Rochester 7, N. Y.*

The Castle "T-V" for color-corrected, shadow-reducing intra-oral light. ➔

The Castle "90" for safe, scientific sterilization. ↓



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**THE EASIEST
QUICKEST WAY TO A GOOD**

Full-Denture Impression

- A**—Cover your Kerr Compound Impression with a 30-second mix of Kerr Impression Paste.
- B**—Seat Impression gently in mouth and hold firmly for 3 to 5 minutes.
- C**—Remove Impression.

As simple as A-B-C! And the result? Invariably—a perfect Impression.

If you wish, reinsert Impression and test for stability and retention. Or, if needed, add more Paste to periphery or post-dam areas.

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Established 1891

KERR IMPRESSION PASTE

REG. U.S. PAT. OFF.



Dependable Quality in a Prepared **CLEANSER**

Sterodent Cleanser is skillfully prepared to an exacting formula, using six balanced powders. Sterodent cleans and polishes in one time-saving operation, holding to the brush, without flying or spattering. Patients find it refreshing to the taste.

Oraclenz, its companion product, strips teeth of mucine with a pleasant, quick mouth rinse, prior to application of Sterodent.

Thousands of Dental Offices use Sterodent and Oraclenz

Use **STERODENT** with **ORACLENZ Coagulant MOUTH RINSE**

Order Today from your Dealer
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Completely **RE-BUILT**
LIKE
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If you want a new handpiece at a fraction of its original cost send those old wobbly ones to us.

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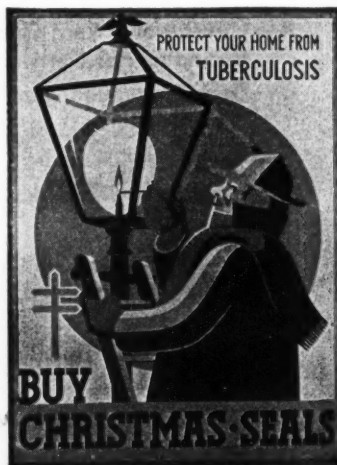
old parts, start in with the empty housing and build it completely. All new parts and bearings are lapped in to a micrometer fit . . . just like we did for the U. S. Army. Just like **NEW** for smooth, silent operation. Do more pain-free work and in less time. We unconditionally guarantee Mullen Re-Built jobs for "New Handpiece Service." Straight handpieces \$9.00. Angles \$3.85.

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We guarantee your Burs to give same service as new. Therefore we sort and select only those that can be reground to meet our exacting specifications. The same system is used on your burs as we used in regrinding burs for the U. S. Navy. For smooth, fast-cutting burs. Mail Yours Today. \$3.50 per gross. (Introductory 4 doz. \$1.00).

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2% with Epinephrine 1:30,000

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In Boxes of 10 and 100

DEPHA *announces a New Method* for Producing **DIAMOND DENTAL INSTRUMENTS**

Exclusive New "CHEMECHANO Bond Process"

- **Prolongs Life of Instruments**
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- **Minimizes Chair Time**
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Three generations of diamond experience are your guarantee of superior quality diamond dental instruments. The unique production method evolved by our engineers—plus the remarkable results obtained by cooperating dentists—enable you to use Abrasive instruments with confidence.



THE OLD WAY

Single-layer bond and haphazard orientation of diamonds causes instruments to lose shape, dull quickly.

NEW Chemechano WAY

Double-bond, heavier concentration of diamonds, perfect orientation. Offers more useful surface, faster work, heat reduction, longer life.



SAVE UP TO 50%

**ON ORIGINAL PRICE, OPERATING TIME, TOTAL COST
with DEPHA DIAMOND DENTAL INSTRUMENTS
THROUGH YOUR OWN DENTAL SUPPLY HOUSE**

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(Specify Straight or RA handpiece)

Quantity	Type	Quantity	Type	Quantity	Type
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Dr. _____

Address _____

City _____ Zone _____ State _____

Ship through: (Name of Supply House) _____

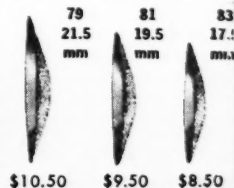
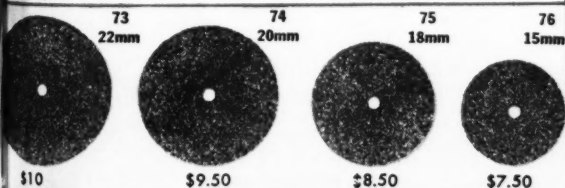
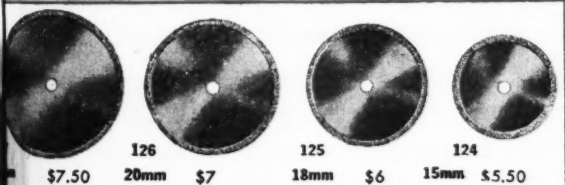
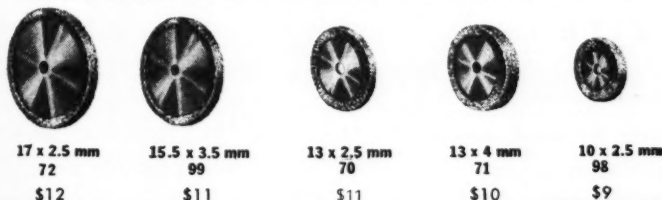
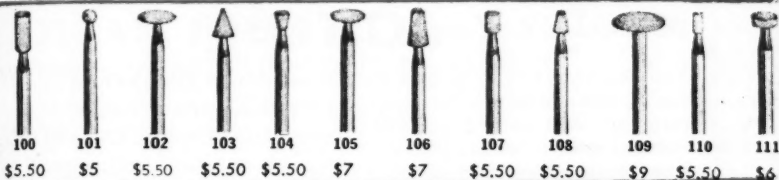
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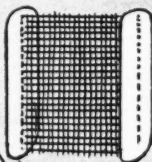
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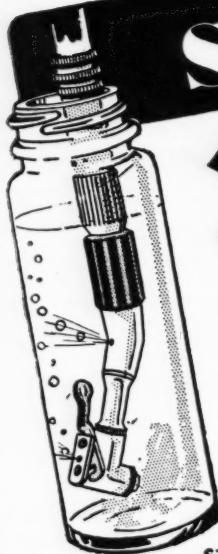
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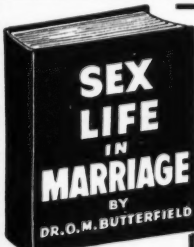
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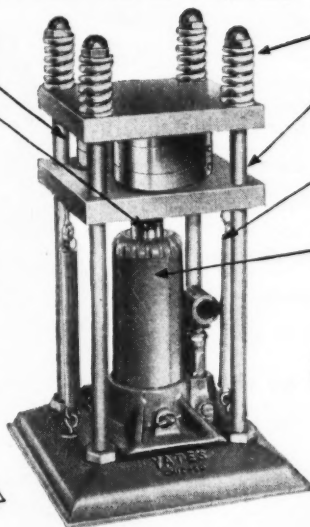
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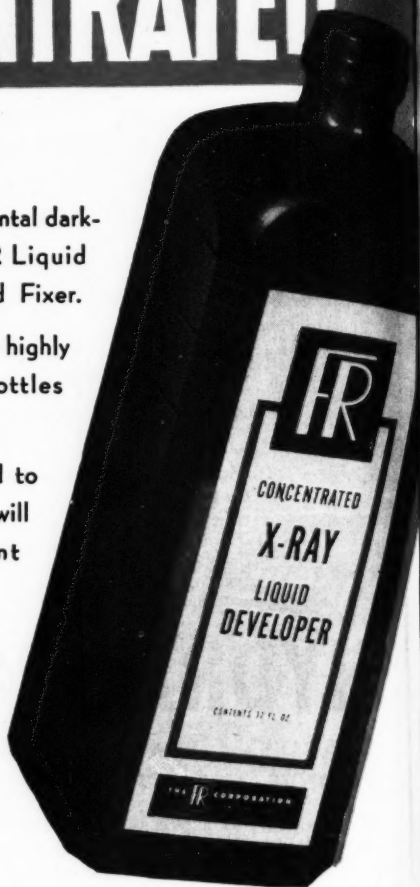
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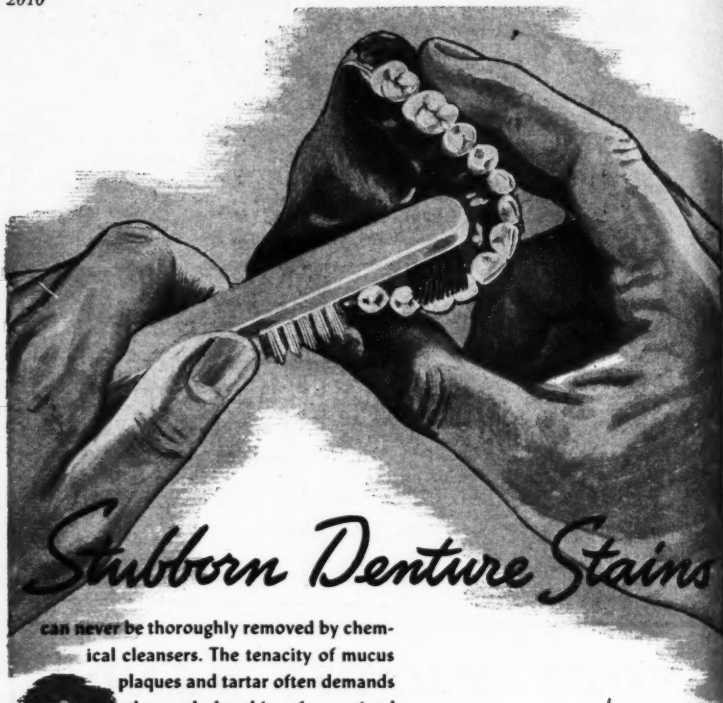
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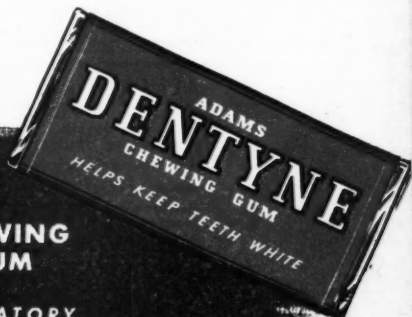


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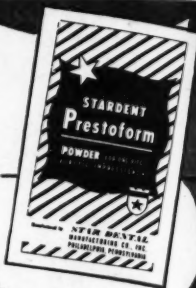
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Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
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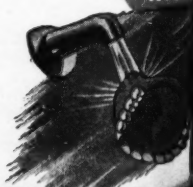
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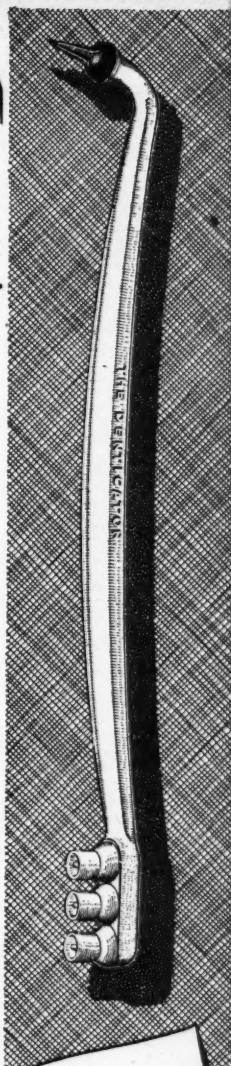
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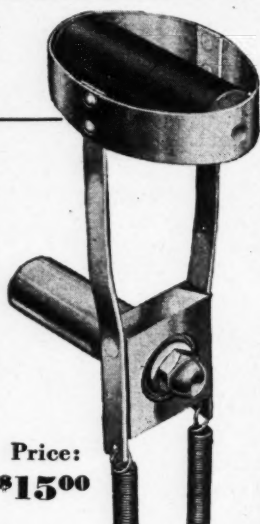
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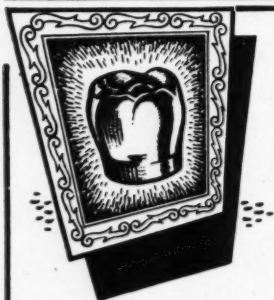
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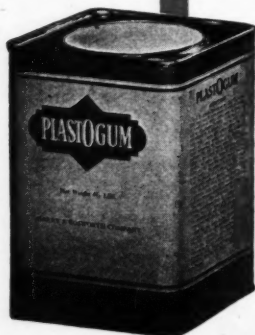
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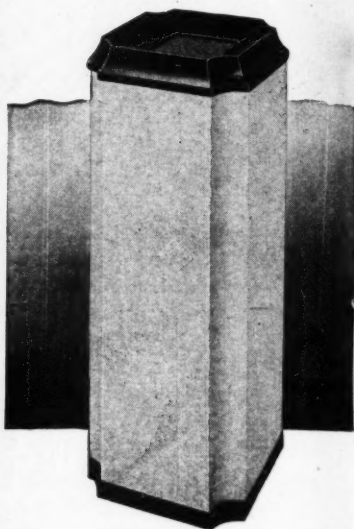
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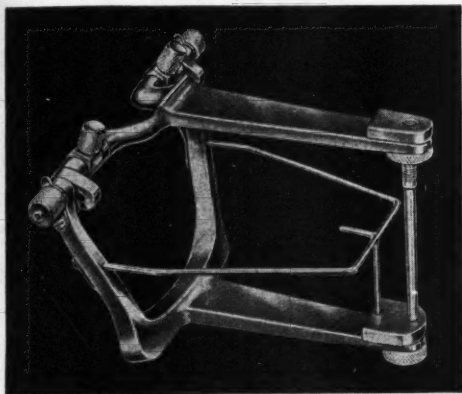
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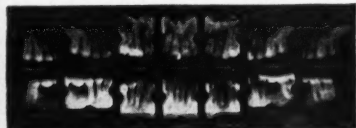
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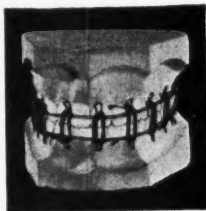
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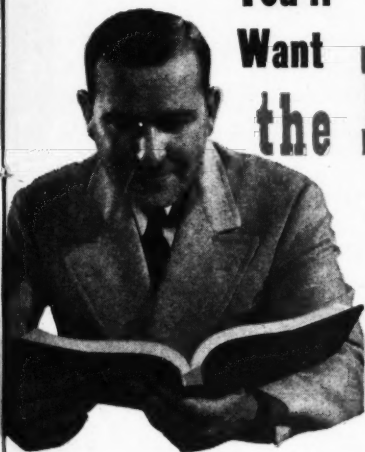
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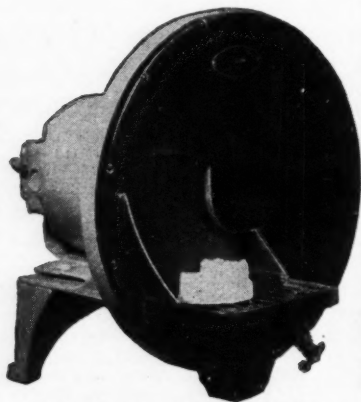
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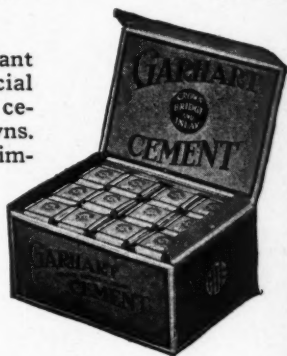
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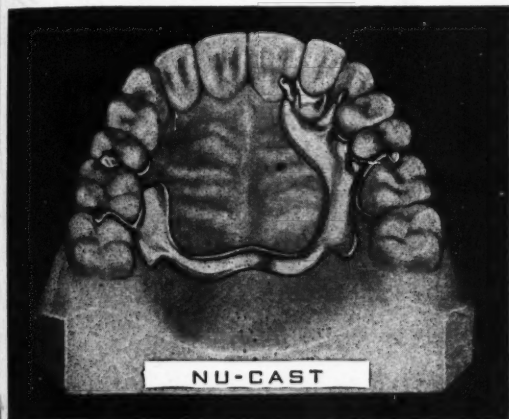
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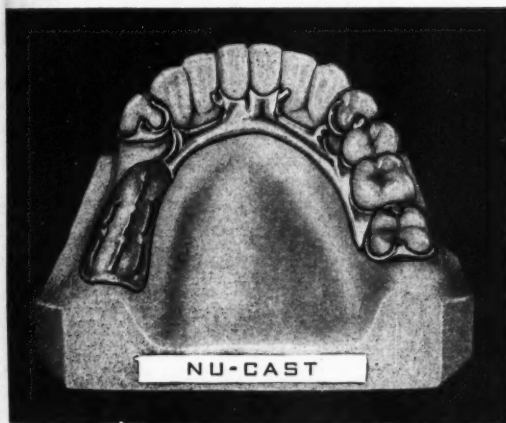
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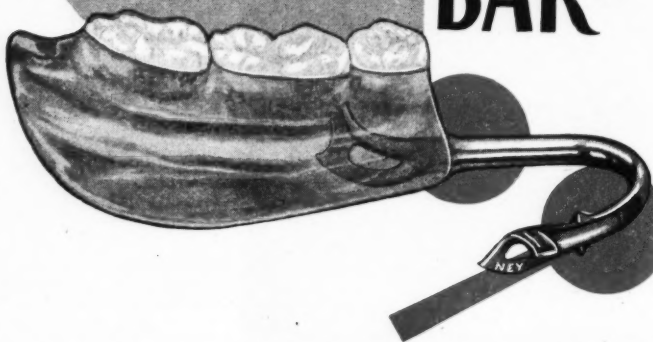
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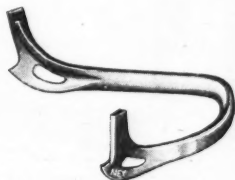
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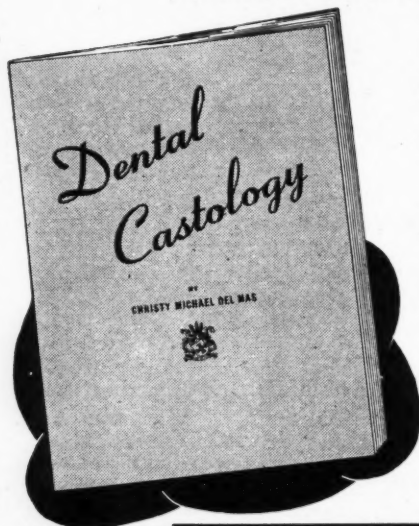
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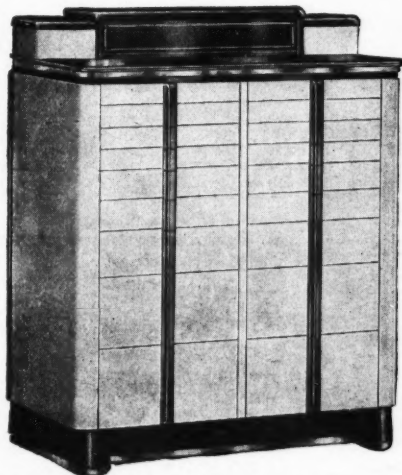
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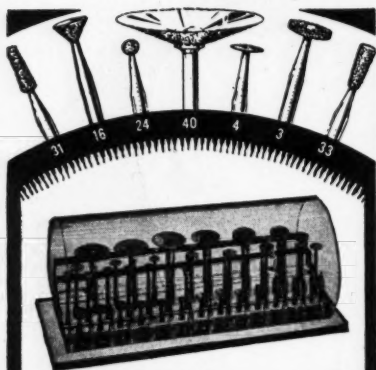
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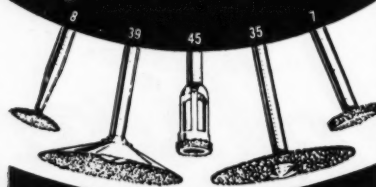
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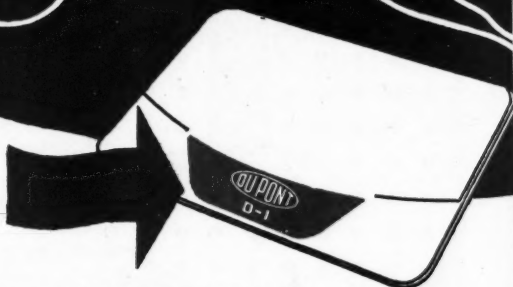
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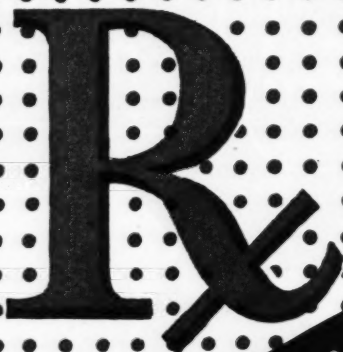
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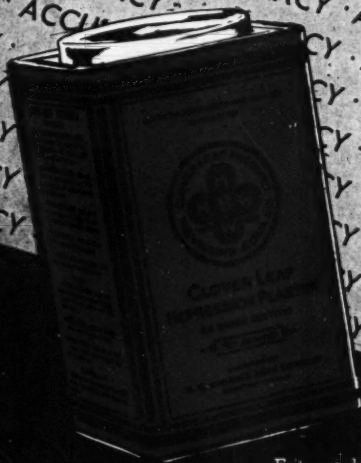
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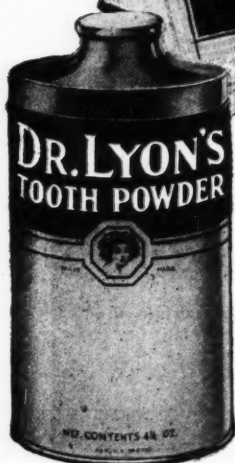
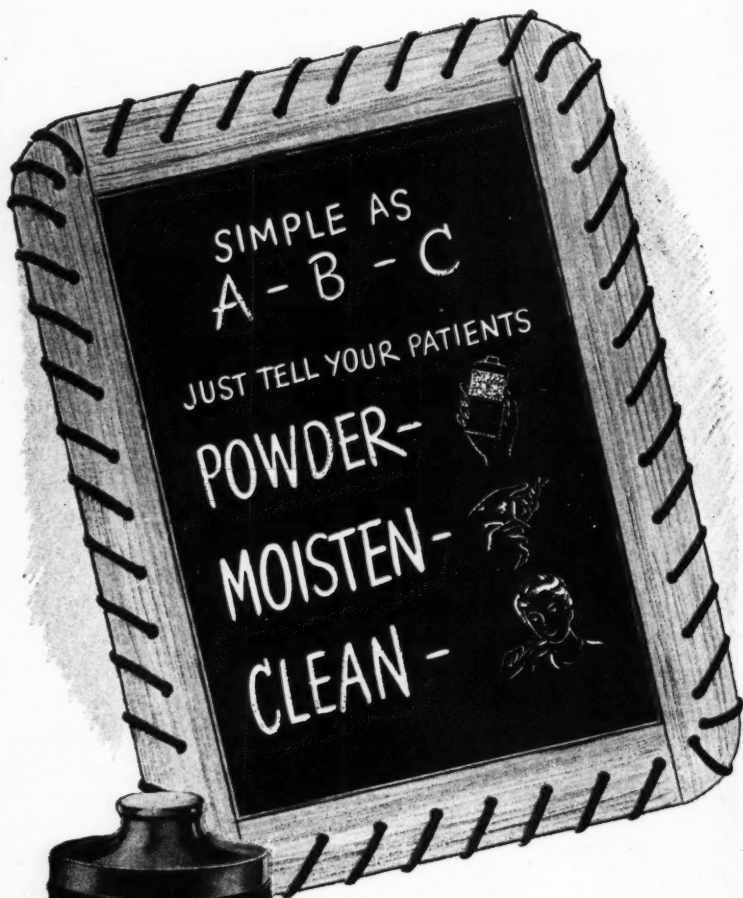
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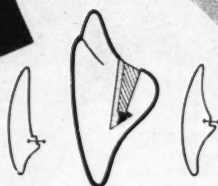
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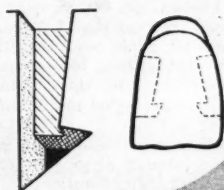
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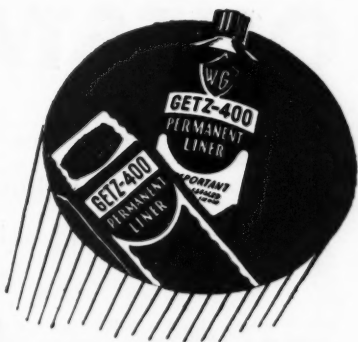
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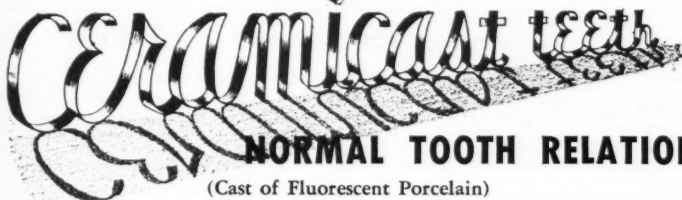
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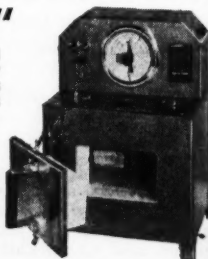
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City..... State.....

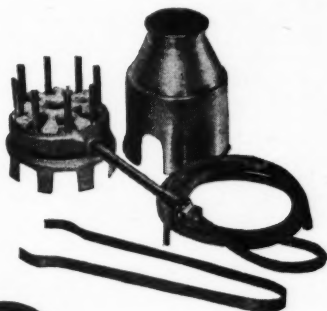
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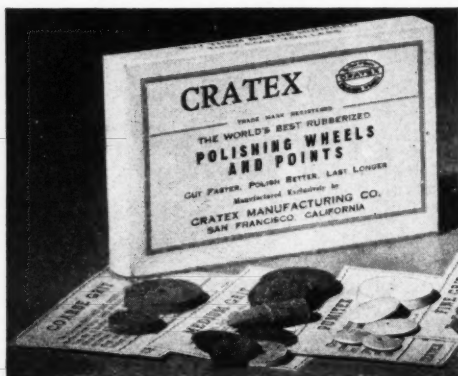
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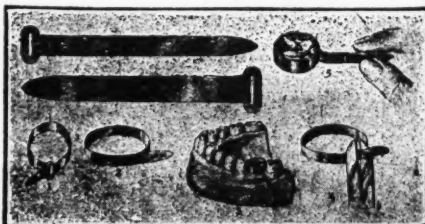
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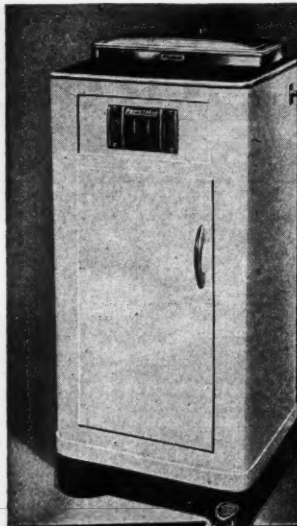
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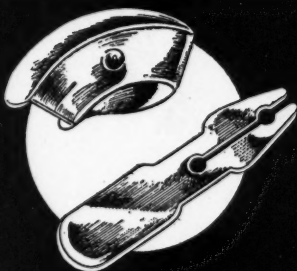
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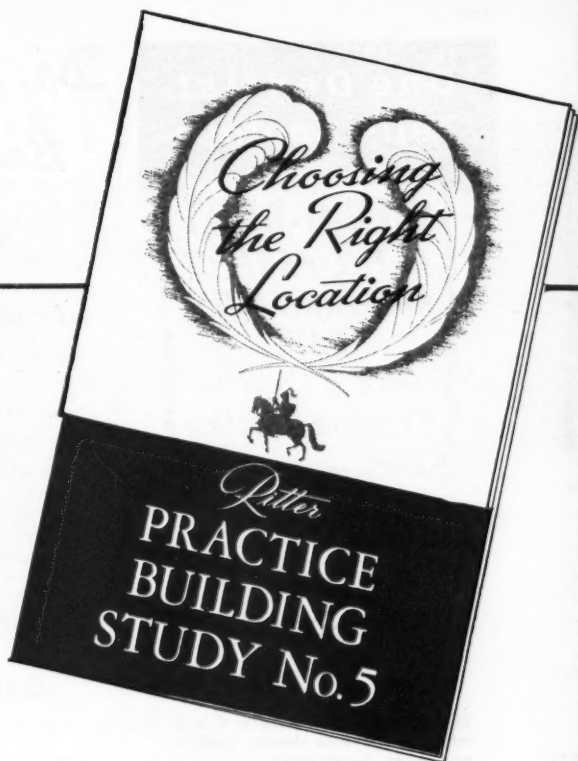
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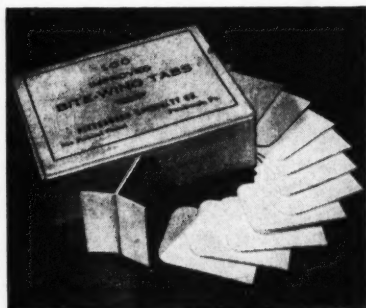
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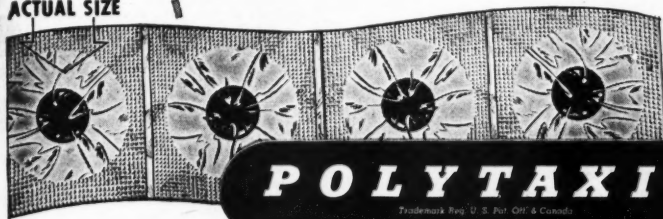
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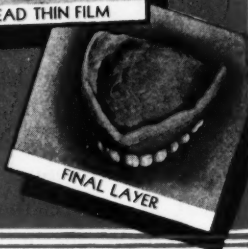
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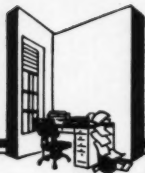
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The Publisher's Corner

By Mass

Number 306

FACE FUR

"NOW WHY do you have to start thinking about beards?" (Pardon me—I'm talking to myself.) There seems no sense using ORAL HYGIENE's time to think about fur on the face. Maybe there's a CORNER in it, though—and this column starts out each month as great open spaces that must have some printing in 'em.

Exploring the brain's beard-grooves after staring at that first paragraph a while does bring its reward—recollection of the young local lad whose chin is decorated with one of those old-time shaving-brush models. Around here, we always thought he must be cuckoo. But some months ago he contributed a highly erudite article to one of the big national magazines which proved, to me at least, that the boy has brains—beard or no beard. The rest of us bare-chinned chums can't even begin to match him with what-goes-on in the cerebellum and the cerebrum. His article proves it. So those of us who were wont to conceal from ourselves our own failings and foibles by deriding his whiskers have had to choose other victims for our soul-soothing soliloquies.

Cogitation also brings to mind the life-size painting of my Grandfather Henry Maynard who like many of his companions of California Gold Rush days was bearded, too—a dark and curly job. Aunt Morgie Browne has the portrait now. Looking the image of him above the beard, I can now remember loving to look at his picture and imagining it was a mirror and that I was in it. Come to think of it, Grandfather Florian Augustus

Massol wore a beard, too—a long white one. He was every inch of five feet; his beard, they say, was at least a third that long. It was a bit of a bother when he went hunting in the California tule lands around Sacramento, but he fixed that by cinching it up with a piece of string. After all, you've got to keep your beard out of the brambles.

There is recollection, too, of a seed paper publisher—Grant, I think his name was—whose whiskers I saw briefly over thirty years ago, and with a notion then of trying to get to be a publisher myself I recall thinking that stopping shaving might help, although I never did do anything about it—just kept on braving my dad's straight razor and nearly cutting my head off morning after morning until those new-fangled safeties came out. I used to cut my hands, too, being then, as now, a mechanical moron baffled by anything made of metal. (Don't ever let me fuss with your fuse box or try to fix your faucet.)

But back to beards. Another recalled was worn by our printer's proofreader twenty-odd years ago. He was a grand character, old as the hills but keen and alert. Scorning specs, he'd peer at the proofsheets, spotting the upside-down commas, the vagrant semicolons, blue-pencilling our street-English phrases, and nailing things like this department's floating prepositions. The old proofreader's beard was bushy—snowy as a swan's vest. Recalling it, I recall with affection its proprietor's sharp-eyed skill, and the numerous times he saved us from ourselves.

FROM BEARDS TO BOOKS

Here's a letter from the CORNER's old friend Doctor William H. Leak of 230 Park Avenue, New York. William writes: "On my bookshelves, I have practically a complete set of ORAL HYGIENE. During the years, these magazines have meant much to me. Do you know of an institution which might care for them,

and perhaps other dental journals of the past fifty years?" I suggest that anyone interested write direct to him.

Speaking of the magazine itself, a letter that came just now from another friend is also very welcome. Doctor Elmore Goelz of Whitewater, Wisconsin, wrote it. He was prompted, he says, by Ed Ryan's October editorial on reciprocity. Doctor Goelz calls reciprocity "The Dentist's Fifth Freedom." And he adds: "I enjoy reading ORAL HYGIENE. I call it 'The Free Press of Dentistry.'" Somehow, that label never occurred to us, but it aptly describes what this paper has tried to be ever since the first thin issue appeared, thirty-six years ago next month.

The attention currently being given by the editor to the threat of the illegal labs is part of that vision and that ideal, just as the reciprocity problem is. Trying, year in and year out, to be what Doctor Goelz calls "The Free Press of Dentistry" takes a spot of editorial courage. When you tackle controversial questions, you can't escape criticism—some of it mighty lively. Thank the Lord that's the editor's hazard—not the publisher's. Publishers are mainly timid souls who sit all trembly in their cluttered cubicles each time the book comes out.

And now, Merry Christmas to all and to all a good night!

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BU—New Jersey-licensed dentist, veteran, would appreciate suitable location or opportunity to buy practice.


Please turn, also, to the want ads on page 2260.



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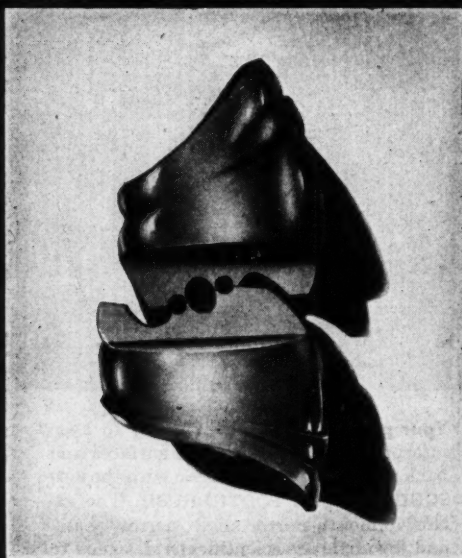
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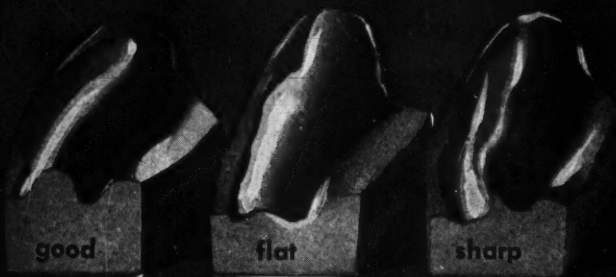
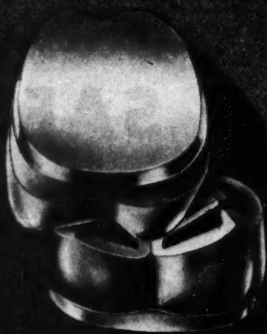
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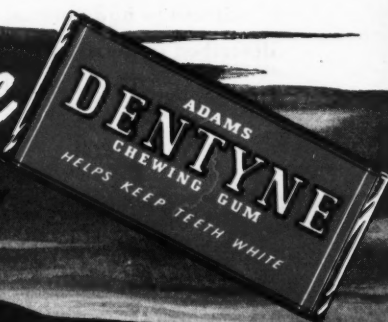
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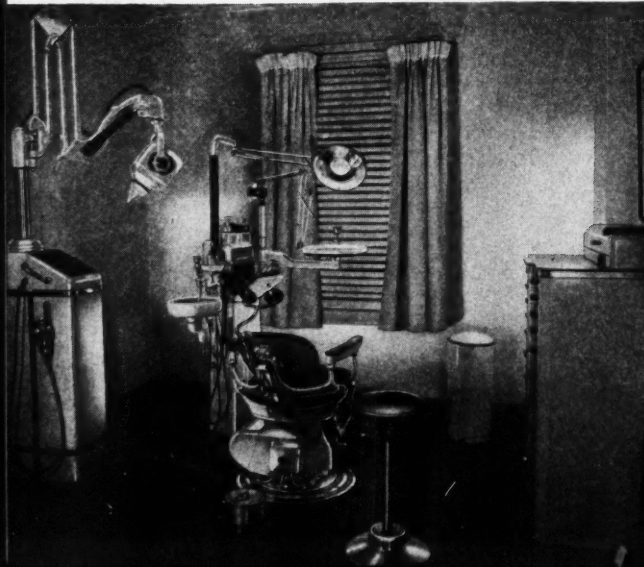
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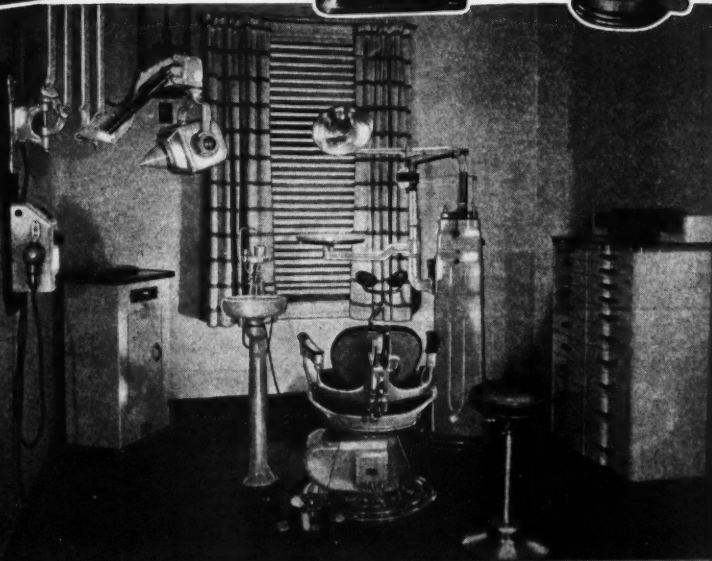
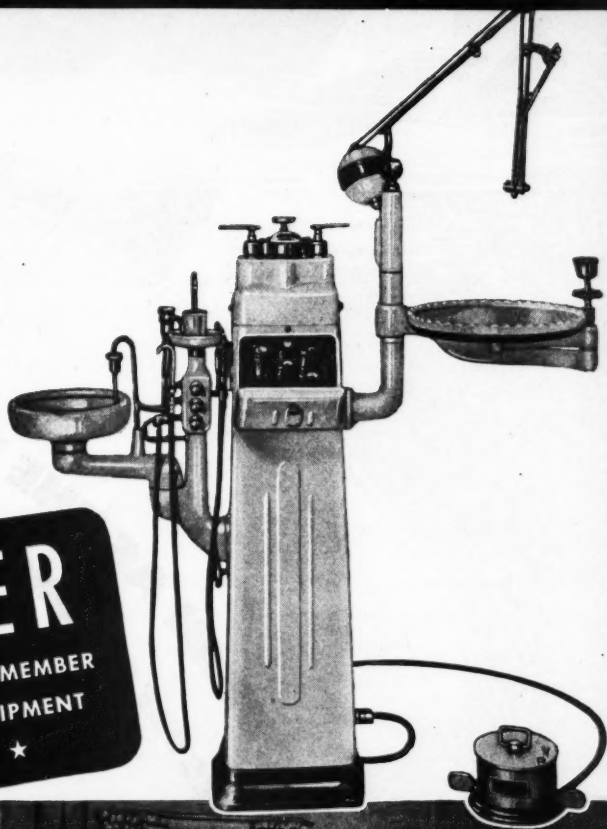
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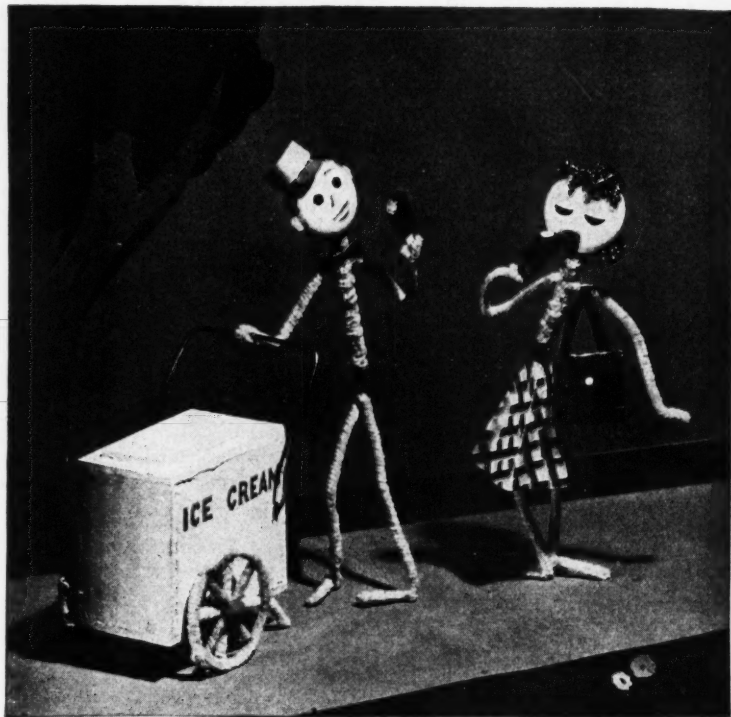
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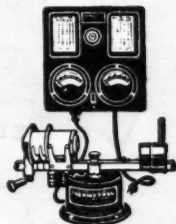
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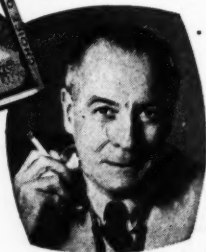
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AN EXTRA STEP To Bring You These MATERIALS of *Amazing Accuracy*

obtain impressions whose accuracy is literally amazing—impressions of the fidelity of a mirrored image—when you use D-P impression materials.

The reason is that Dental Perfection Company long ago decided to take an EXTRA STEP further than any other manufacturer had ever taken—to begin at the real beginning—to conduct marine laboratory work—and with the added knowledge gained, to set new standards for the entire manufacturing process of its impression materials all the way from the basic ingredient (algae) to the finished product.

Use of this EXTRA STEP, D-P impression materials have unequaled life and stability and offer you the most thoroughly satisfactory results you have ever achieved.

1. D-P THREE-IN-ONE CREAM for true Tissue-at-Rest Full Impressions (Dry Mouth Technic), Bridge and Indirect Inlay Impressions. Registers the most minute detail. Elastic, yet possesses surface hardness. Compounded to compensate for stone expansion.

2. D-P ELASTIC IMPRESSION CREAM embodies the best features of Hydro-Colloids and Plaster. Requires no special solution. Simplified technic saves valuable time without sacrificing accuracy.

3. D-P IMPRESSION COLLOID is unrivaled for strength, toughness and elasticity and is extremely accurate for Partial, Full and Indirect Inlay Impressions. Needs no mixing. Usable at low temperature. Improved set on all stones and investments.

For BEST RESULTS—ALWAYS FOLLOW DIRECTIONS



DENTAL PERFECTION CO.

2323 West Washington Blvd.
Los Angeles 7, Calif.

New IMPROVED FORMULA



AND A New MODERN PACKAGE



Your Choice of Original Large-size Tube or Modern
Package of 6 Smaller Size Tubes

FREE FROM BURN OR SMARTING AND ONLY 3 TO 5 MINUTES CHAIR TIME

- 1 No processing. Ready to use as it comes from the tube.
- 2 Re-line case and dismiss patient immediately.
- 3 Fuses to and becomes an integral part of the denture.
- 4 Finish is smooth and unchanging as original base.
- 5 If desired, a final finish-polish may be applied in 48 to 72 hours.
- 6 Permanence that equals the life of the denture.
- 7 Transparent for perfect blending with the denture.
- 8 No compression of tissues unless desired.

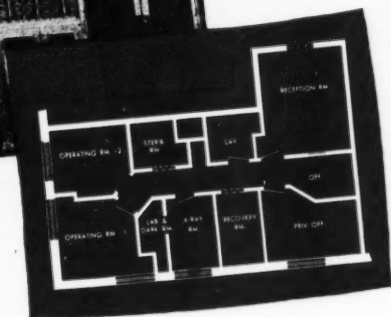
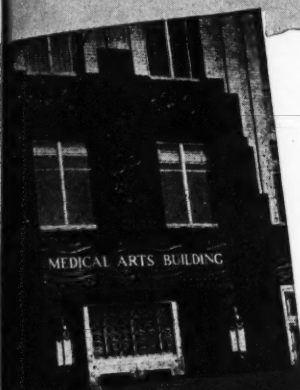
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Box of 6 Smaller Tubes\$6.00
(18 to 22 Liners)

FREE SAMPLE: Send for sample tube, enough for several cases

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Your Ritter dealer can give you helpful tips on choosing a suite which provides room for expansion . . . reflects your professional dignity. He'll help you compare it with the other types of dental locations featured in the new Ritter Practice Building Study, "Choosing the Right Location." Ask him for this important new book . . . and for the popular Ritter Office Planning Book. Or write directly to *Ritter Company, Inc., Ritter Park, Rochester 3, N. Y.*

No.7

Location No. 7, the Office Building Suite, is discussed on Pages 16 and 17 of Ritter Practice Building Study No. 5.

Ritter

BUILT UP TO A STANDARD

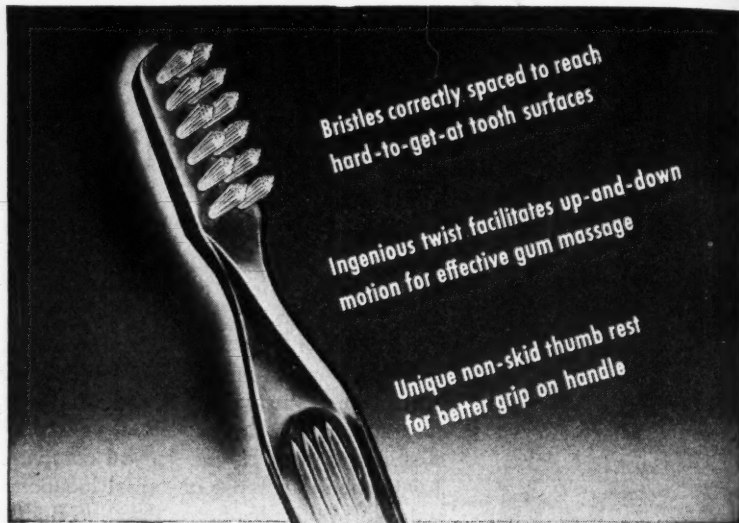
NOT DOWN TO A PRICE



ROCHESTER, N. Y.



Ritter
**PRACTICE
BUILDING
STUDY No. 5**



Designed with the aid of 1,000 dentists

Guided by the recommendations of a thousand practicing dentists, we created a new and better tooth brush.

The D.D. TOOTH BRUSH has been widely acclaimed by leading periodontists. One of its outstanding features is the ingenious 45-degree twist in the handle. This facilitates proper placement of the brush on the teeth, and almost automatically insures a rolling up-and-down movement for correct tooth brushing and gum massage.

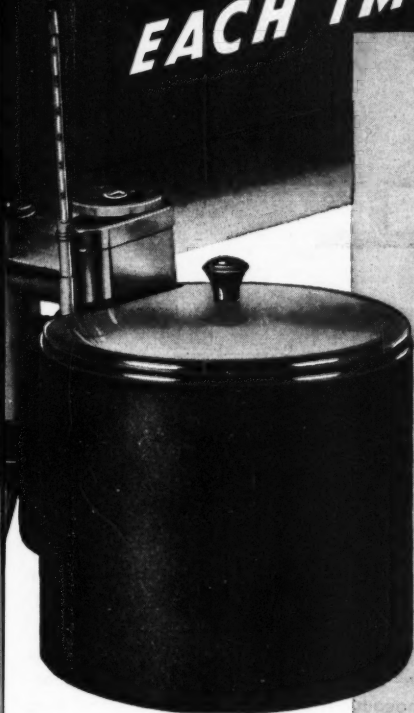
Another unique feature of the D. D. TOOTH BRUSH handle is the non-skid thumb rest which prevents slipping even when the fingers are wet.

Whether you recommend the two-row or three-row type, your patients will be assured of a truly scientific aid to oral hygiene.



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This new Kerr equipment automatically heats fresh water from room temperature to 132° in $5\frac{3}{4}$ minutes. . . . Keeps its whole 2 quarts of water at uniform temperature within a half-degree. . . . Heats to whatever point you set its thermostat dial—from 100° to 212° — AND STOPS THERE. . . . Holds water at 132° for a full hour by using current for only 2 minutes. . . . Its efficiency provides fresh, clean water for each patient without losing you a moment's operating time. . . . Tempers hydro-colloid or softens any compound to precisely the ideal working condition. . . . Ensures you the finest impressions you have ever taken.

A highly worth-while investment for any Dentist!

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THERMOSTATIC COMPOUND HEATER

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Twinkling through long centuries of European festivity and legend — gift-laden even back in Virgil's Rome (celebrating with "waxen images hanging from lofty pine"), the decorated evergreen has ever been symbolic of a spirit of brotherhood, peace, well-being.

Also closely related to well-being is the familiar Rexall sign of reliable pharmaceutical service, marking selected drug stores throughout the country. It tells you that here are Rexall products and prescription-compounding skill, both unsurpassed for quality control. Right in your own neighborhood there's sure to be a Rexall Drug Store.

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The **STARLITE Diamond Instruments** in these two Basic Selections are carefully chosen to provide a range of maximum usefulness in their respective fields:

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FOR CAVITY PREPARATIONS:
6 **STARLITE Diamond Instruments** of great versatility and adaptability. They give you up to three times the speed of burs or ordinary abrasive instruments, a higher precision factor, and additional safety and comfort for your patients.

Instruments Nos. 18 (new),
7x, 22, 25x (rounded), 3
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2-Speed Pulley Wheel 2.50
Klean-Stiks50
Plastic Case (no list price)

Total list value plus case . \$41.50
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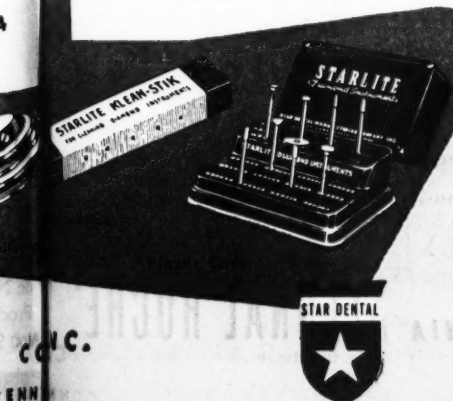
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Klean-Stiks50
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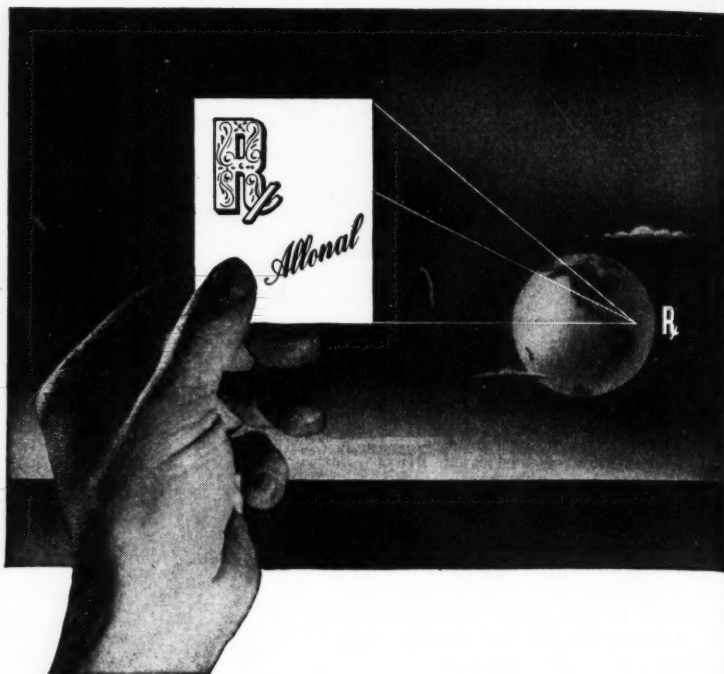
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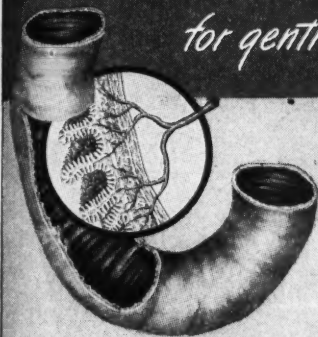
'World-wide acceptance of Allonal 'Roche' by the medical profession is a tribute to its efficacy in combating pain and insomnia. Such extensive use is evidence, too, that physicians and dentists have found in Allonal their analgesic-hypnotic of choice—one that induces sleep, even in the presence of pain, with very little likelihood of unpleasant reactions following its use. Hoffmann-La Roche, Inc. • Nutley 10 • N. J.

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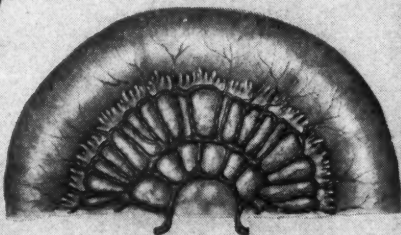
Gentle Pressure of Liquid Bulk

for gentle yet thorough laxation



Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."

Macroscopic view showing how fluid exchange is facilitated by drawing of excess bulk to the intestine through the highly vascularized mesenterium.



The gentle action of SAL HEPATICA is not localized to one particular section of the canal. It is effective throughout the entire bowel, beginning at the upper end of the intestine and extending to the lower segment.



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Caustic Soda?

Hardly! But the patient may unwittingly use a harsh kitchen cleanser on his priceless new denture, and thus ruin a work of dental art... unless the dentist recommends modern functionally designed cleansing aids. With Wernet's Dentu-Creme and Dr. Wernet's Plate Brush, even the beautiful new acrylic resin denture materials may be safely and thoroughly cleaned without danger of abrasive damage. Dr. Wernet's Plate Brush has wired-in bristles, divided tufts, and rigid handles.

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